

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT
(ACH CREDITS)**

Company Name **Shepherd Independent School District**

I (we) hereby authorize SHEPHERD INDEPENDENT SCHOOL DISTRICT, hereinafter called COMPANY, to initiate credit entries to my (our) _____ Checking Account / _____ Savings Account (check one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Name of Bank _____

City _____ **State** _____ **Zip** _____

Routing Number _____ **Account Number** _____

This authorization is to remain in full force and effect until COMPANY has received written authorization from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____

Date _____

Signature _____

NOTE: All written authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.