DIRECT DEPOSIT

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (AUTOMATED CLEARING HOUSE CREDITS)

TO: Business Services
Columbia Public School District

I hereby authorize Columbia Public School District to make direct deposits, initiate credit entries, and to initiate, if necessary, debit entries and adjustments for any credit entries in my checking/savings account.
(circle one)

I further authorize the credit union or bank designated below to credit and/or debit the same such account. Information on my credit union or bank account is:

_____
(Credit Union or Bank Name)

_____ _____ _____
(City) *(State)* *(Zip)*

TAPE VOIDED CHECK HERE
(DO NOT STAPLE)

This authority is to remain in full force and effect until Columbia Public School District has received written notification from me of its termination in such time and such manner as to afford Columbia Public School District, and the financial institution indicated, a reasonable opportunity to act on it.

_____ _____ _____
(Employee Name - Print or Type) *(Social Security Number)* *(CPS ID Number)*

_____ _____
(Signature) *(Date)*