

**AUTHORIZATION AGREEMENT
AUTOMATIC DEPOSITS (ACH CREDITS)**

I hereby authorize Teague Independent School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below, and the financial institution named below, to credit and /or debit the same to such account.

Financial Institution (Bank or Credit Union) Branch (if applicable)

Address City/State Zip

Routing Number (# at bottom left side of check) Account Number (# at bottom middle of check)

Type of Account: _____ Checking _____ Savings

This authority is to remain in full force and effect until Teague ISD has received written notification from me of its termination in such time and manner as to afford Teague ISD and Financial Institution a reasonable opportunity to act on it.

Print Individual Name

Signature

Date

**PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP TO THIS
FORM FOR VERIFICATION OF ACCOUNT NUMBERS AND
FINANCIAL INSTITUTION INFORMATION.**

If you have any question please call Mary Clary at administration office.