

**AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS
JACKSONVILLE ISD**

I hereby authorize JACKSONVILLE ISD, hereinafter called JISD, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my:

_____ Checking account

_____ Savings account

indicated below and the depository names below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name	Branch	
City	State	Zip
Transit/ABA Number (see example on next page)	Account Number	

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

Name	
Social Security Number	Date
Signature	
JISD Accepted by	Date

Attach voided check or deposit slip