

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

DUNBARTON SCHOOL DISTRICT

Federal ID#: 02-6000237

20 Robert Rogers Road, Dunbarton, NH 03046 – TEL: 603-774-3181

I hereby authorize Dunbarton School District, hereinafter called DISTRICT, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. **Please understand that one pay date may pass prior to the direct deposit taking effect – until it does, you will receive a paper check which you will need to cash or deposit.**

NOTE: A VOIDED, UNISSUED CHECK MUST ACCOMPANY THIS AUTHORIZATION IF MONIES ARE BEING DEPOSITED INTO YOUR CHECKING ACCOUNT(S) & YOU MUST SIGN THIS FORM; OTHERWISE IT WILL NOT BE PROCESSED !! IT IS YOUR RESPONSIBILITY TO ENSURE MONIES HAVE, IN FACT, BEEN DEPOSITED TO YOUR ACCOUNT(S) PRIOR TO YOUR DRAWING AGAINST THEM. THE DISTRICT WILL NOT BE RESPONSIBLE FOR OVERDRAFT CHARGES INCURRED.

DEPOSITORY
NAME: _____
(NAME OF BANK)

BRANCH: _____

CITY: _____

STATE: _____ ZIP: _____

ROUTING #: _____

Acct. #: _____

AMOUNT TO BE DEPOSITED: _____

Checking _____ Savings _____

DEPOSITORY
NAME: _____
(NAME OF BANK)

BRANCH: _____

CITY: _____

STATE: _____ ZIP: _____

ROUTING #: _____

Acct. #: _____

AMOUNT TO BE DEPOSITED: _____

Checking _____ Savings _____

DEPOSITORY
NAME: _____
(NAME OF BANK)

BRANCH: _____

CITY: _____

STATE: _____ ZIP: _____

ROUTING #: _____

Acct. #: _____

AMOUNT TO BE DEPOSITED: _____

Checking _____ Savings _____

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

SIGNATURE: _____

DATE: _____

NAME(S): _____
(Please Print)

SS#: _____

(Please Print)

SS#: _____