

# AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH)

## GILBERT COMMUNITY SCHOOL DISTRICT

I, \_\_\_\_\_, do hereby authorize the Gilbert Community School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) as indicated below and the depository named below to credit and/or debit the same to such account.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
(city, state, zip)

Depository ABA# \_\_\_\_\_  
(Please **attach** a voided check to make sure this routing number is correct)

	<u>Account Number</u>	<u>Percent of Paycheck</u>
Checking	_____	_____
Savings	_____	_____

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

_____ Typed/Printed Name	_____ S.S. Number
_____ Signature	_____ Date Signed

\_\_\_\_\_  
**E-mail Address for Pay stub**