

**AUTHORIZATION FOR PRE-AUTHORIZED PAYMENTS
ACH DIRECT DEPOSIT
CRAIG CITY SCHOOL DISTRICT**

I hereby authorize Craig City School District, hereinafter called COMPANY, to initiate credit entries to my: Checking____ Savings ____ (select one) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account. I also authorize the company to initiate a debit entry to reverse and credit sent in error.

DEPOSITORY NAME: _____

BRANCH: _____

CITY/STATE: _____

TRANSIT/ABA NUMBER: _____

ACCOUNT NUMBER: _____

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

Name: _____

Social Security Number: _____

Signature: _____ Date: _____

Please attach a voided check if a checking account is selected.

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FOR COMPANY USE ONLY

Date Received: _____

Processed By: _____

Company must be able to present the original completed form in the event of any dispute.