

BRAZOS INDEPENDENT SCHOOL DISTRICT

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH)

- () NEW REQUEST
- () CHANGE *(If current account has been closed notify the Business Office immediately)*

NAME LAST FOUR DIGITS OF SSN

EMAIL ADDRESS

NAME OF FINANCIAL INSTITUTION

TYPE OF ACCOUNT *(Please check one):*

- () CHECKING
- () SAVINGS

<u>TRANSIT ROUTING NUMBER</u> <i>(Nine-digit number in lower, left corner of check)</i> <i>(If savings account, verify this number with bank)</i>	<u>ACCOUNT NUMBER</u>

I hereby authorize BRAZOS ISD to credit my account at the financial institution indicated above. In the event that my account is credited with an erroneous payment, I authorize the reversal of the erroneous payment, or the recovery of the erroneous payment from any funds remaining in my account, or the recovery of the erroneous payment from future compensation.

SIGNATURE DATE

ATTACH A VOIDED CHECK OR DOCUMENT THAT VERIFIES YOUR TRANSIT ROUTING AND ACCOUNT NUMBER HERE: