AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

Company Name: Coffee County Schools

I (we) hereby authorize *Coffee County Schools*, hereinafter called COMPANY, to initiate credit entries to my checking/savings account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.

Depository Name (Bank):	1 11 11 11 11 11 11 11 11 11 11 11 11 1	
City	State	Zip Code
Routing Number	Account Numbe	r
Plea	se indicate type of Account:	Checking Account Savings Account
	in full force and effect until COMP ination in such time and in such made opportunity to act on it.	
Name(s)(Please print)	SS#	· · · · · · · · · · · · · · · · · · ·
Signature	Date	

NOTE: ALL WRITTEN CREDIT AUTHORIZATION <u>MUST</u> PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

ATTACH VOIDED CHECK HERE