Quitman County Board of Education

AUTHORIZATION AGRREEMENT FOR AUTOMATED DEPOSITS (ACH CREDITS)

**COMPANY NAME**: Quitman County Board of Education

I (we) hereby authorize Quitman County Board of Education, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our)

[ ]  **Checking Account** / [ ]  **Savings Account** ( select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit same to such account.

**DEPOSITORY:**

**NAME (BANK)**       **BRANCH**

**CITY**       **STATE**       **ZIP**

**ROUTING NO.**       **ACCOUNT NO.**

This authorization is to remain in full force and in effect until COMPANY has received notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**NAME(S)**      **SOCIAL SECURITY NO**       -       -

**SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**

Please attach a voided check with this form