

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

COMPANY NAME: CARTHAGE INDEPENDENT SCHOOL DISTRICT COMPANY ID NO. 9222222222

I (we) hereby authorize CARTHAGE ISD, 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 () Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY
NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

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

NAME(S) _____ SS# _____
(Please Print)

_____ SS# _____
(Please Print)

Date _____ Signed _____

Date _____ Signed _____

- Please indicate whether this will go into a **checking** or **savings** account.
- Complete the Depository Name, City and Account Number.
- Sign the form and fill in your social security number. Return to me along with a voided check. (I can get the other information from the check.)