

**Authorization Agreement
For Automatic Deposits**

Kilgore ISD

I hereby authorize KILGORE ISD, hereinafter called KISD, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my:

_____ Checking Account

_____ Savings Account

As indicated below and the depository names below, hereinafter called depository, to credit and/or debit the same to such account.

Depository Name

City, State, Zip

Transit/ABA Number (Routing – 9 digits)

Account Number

Direct Deposit accounts may take two months to activate. One month to verify your banking numbers and the second will be an actual deposit.

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

Name

Social Security Number

Signature

Date

KISD Accepted by / Date

Attach a voided check or deposit slip