

**AUTHORIZATION AGREEMENT  
DIRECT DEPOSIT (ACH CREDIT)**

I hereby authorize *Johnston City Community Unit School District No. 1*, hereinafter called **COMPANY**, to credit my account indicated below and the Financial Institution named below; hereinafter called FINANCIAL INSTITUTION, to credit same to such account. **I acknowledge the origination of ACH transactions to my account must comply with the provisions of U. S. law.**

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City-State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Routing/Transit Number)

\_\_\_\_\_  
(Account Number)

Type of Account:    \_\_\_\_\_ Checking  
                                  \_\_\_\_\_ Savings

\_\_\_\_\_  
(Social Security Number)

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

\_\_\_\_\_  
(Print individual name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.

**DIRECT DEPOSIT WILL BE OFFERED ONE TIME A YEAR ONLY.**