

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS
(ACH Credits) / BY A COMPANY**

Company Name: COLUMBUS INDEPENDENT SCHOOL DISTRICT (74-6000547)

I hereby authorize the above named entity, hereinafter called COMPANY, to initiate credit entries to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

BANK INFORMATION #1:		
Depository Name & Address:		
Depository Phone Number:		
Routing Number:		
Account Number:		
Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Account Amount:	\$	LIST SPECIFIC DOLLAR AMOUNT

BANK INFORMATION #2:		
Depository Name & Address:		
Depository Phone Number:		
Routing Number:		
Account Number:		
Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Account Amount:	WILL BE THE BALANCE OF YOUR CHECK	

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)

_____ (Columbus ID #)

_____ (Date)

PLEASE ATTACH VOIDED CHECK(S) TO THIS FORM.