



Lamesa Independent School District
Every Student Every Day

ACH AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

I authorize Lamesa ISD to initiate credit entries to the depository financial institution named below, hereinafter called DEPOSITORY, and to debit 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.

Check Account/ Savings Account (select one)

Depository Name: _____ Branch Name: _____

City: _____ State/Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until Lamesa ISD has received written notification from me (or either of us) of its termination in such manner as to afford Lamesa ISD and First United Bank a reasonable opportunity to act on it.

Name(s): _____

Signature(s): _____ Date: _____