

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS
(ACH CREDITS)**

COMPANY NAME: Melissa ISD

I do hereby authorize the above named company, hereinafter referred to as the Originator, to initiate credit entries to the account indicated below, and to initiate corrective reversal entries (debits) to the account indicated below in the event any credit entries are originated in error.

NAME OF DEPOSITORY FINANCIAL INSTITUTION

LOCATION OF DEPOSITORY FINANCIAL INSTITUTION

CITY _____ **STATE** _____ **ZIP** _____

ROUTING NUMBER _ _ _ _ _ (NINE DIGITS)

ACCOUNT NUMBER _____

Please choose one: Checking _____ Savings _____

This authority is to remain in effect until the originator has received my written notification of its termination in such time and in such manner as to afford the Originator a reasonable opportunity to act upon it.

NAME _____
(Please Print)

SIGNED: _____ **Date:** _____

**PLEASE ATTACH A VOIDED Check
HERE**