

Coffeeville School District

96 MISSISSIPPI STREET * COFFEEVILLE, MS 38922
PHONE (662) 675-8941 * FAX (662) 675-5004

AUTHORIZATION AGREEMENT FOR DISTRICT DEPOSITS (ACH CREDITS)

Please email completed form to nfarmer@coffeevilleschools.org

Company Name: _____

I (we) hereby authorize COFFEEVILLE SCHOOL DISTRICT, hereinafter called COMPANY, to initiate credit entries to my (our): (Select One)

- Checking Account
- Savings Account

Indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of the U.S. law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of termination in such time and in such manner as to afford COMPANY as Depository a reasonable opportunity to act on it.

Printed Name(s): _____ Date: _____

Signature: _____

PLACE VOIDED CHECK HERE