

ROGUE RIVER SCHOOL DISTRICT #35

P.O. BOX 1045

ROGUE RIVER, OR 97537

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

I hereby authorize ROGUE RIVER SCHOOL DISTRICT
to (check one) initiate _____ change _____ terminate _____
credit entries to the account(s) indicated below at the depository financial institution named, 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 #1

Depository Name _____ **Branch** _____

City _____ **State** _____ **Zip** _____

Routing Number _____ **Account Number** _____

Type of Account: _____ Checking *or* _____ Savings

Please Select: _____ Total Net Check *or* \$ _____ Fixed Dollar Amount

Bank #2 (Optional)

Depository Name _____ **Branch** _____

City _____ **State** _____ **Zip** _____

Routing Number _____ **Account Number** _____

Type of Account: _____ Checking *or* _____ Savings

Please Select: _____ Total Net Check *or* \$ _____ Fixed Monthly Dollar Amount

MANDATORY - ATTACH A VOIDED CHECK OR A DIRECT DEPOSIT SETUP NOTICE FROM YOUR BANK

This authorization is to remain in full force and effect until ROGUE RIVER SCHOOL DISTRICT has received written notification from me of its termination in such time and in such manner as to afford ROGUE RIVER SCHOOL DISTRICT and DEPOSITORY a reasonable opportunity to act on it.

Name _____

Signature _____ **Date** _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.