

Authorization Agreement for ACH Credits
Direct Deposit of Payroll Check

_____ **New Account Information** _____ **Change Existing Account Information**

I (We) hereby authorize Brenham ISD, tax ID 746000401, to initiate credit entries and/or correction entries to my (our):

BANK 1

Depository (Bank) _____

City _____ State _____ Zip _____

Bank Transit/ABA Number _____

Account Number _____

_____ Checking _____ Savings

BANK 2

Depository (Bank) _____

City _____ State _____ Zip _____

Bank Transit/ABA Number _____

Account Number _____

_____ Checking _____ Savings

Amount \$ _____

***Attach voided check if checking account is checked.**

****Attach voided deposit slip if savings account is checked.**

This authorization is to remain in full force until Brenham ISD has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Brenham ISD and the Depository reasonable opportunity to act upon it.

Name(s) _____

Social Security Number _____

Signature _____ Date _____

