



Enlarged City School District of  
Middletown

### Authorization Agreement for Automatic Payroll Deposits (ACH Credits)

I hereby authorize The Enlarged City School District of Middletown, hereinafter called District, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in my error to my (select of of the following):

\_\_\_\_ Checking Account\*                      \_\_\_\_ Statement Savings Account\*\*

Indicated below and the Bank/Credit Union named below, hereinafter called Depository, to credit and/or debit the same to such account.

Bank/Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Transit/ABA Number (9 digit code to left of account number) \_\_\_\_\_

Account Number \_\_\_\_\_

This authority is to remain in full force and effect until the District has received written notification from me of its termination in such a time and in such a manner as to afford the District and Depository a reasonable opportunity to act on it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ SS# \_\_\_\_\_

Position \_\_\_\_\_ Building \_\_\_\_\_

\* A copy of a voided check for the Checking Account that is to be credited must accompany this form.

\*\* To obtain the ABA number for a Statement Savings Account, you must contact the local branch of your bank.

The Payroll Department must be notified immediately of any banking changes.

