



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company
Name _____

Company
ID Number _____

I (we) hereby authorize Fargo Public School District, hereinafter called COMPANY, to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries made in error to our account indicated below. We acknowledge that the origination of ACH transactions to our account must comply with the provisions of the U.S. law.

☐ Checking (Money Market) Account / ☐ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account.

Depository
Name _____

Branch _____

City _____

State _____ Zip _____

Routing
Number _____

Account
Number _____

Your E-Mail Address

Account Type: ☐ Personal ☐ Business

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

Name(s) _____
(Please Print)

Date _____

Signature _____

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