

Direct Deposit Bank Authorization Form

MANDATORY

Company Name: OGDEN COMMUNITY SCHOOL DISTRICT

I hereby authorize OGDEN COMMUNITY SCHOOL DISTRICT, hereinafter called COMPANY, to initiate credit entries to my (our):

(Select one)

☐ Checking Account

☐ Savings Account

indicated below at the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

BANK NAME: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

Amount to be deposited [check]:

_____ Total/Balance

_____ Specific Amount: \$_____

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): _____

DATE: _____

SIGNED: X_____

No emailed forms shall be accepted. "Wet ink" signature required.