

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT
(ACH CREDITS)
Delta County School District**

I hereby authorize Delta County School District to initiate credit entries to my

_____ Checking Account

_____ Savings Account

at the financial institution named below 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.

Financial Institution _____

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

Routing Number _____

Account Number _____

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

Name _____ **Date** _____

Signature _____

Employees will receive a simulated check each month listing deductions, contributions and leave information in the same format as a check stub through the IVision Portal.

Financial institutions handle "Notice of Credit" differently. Please check with your individual bank. If you have further questions, do not hesitate to contact the business office.

PLEASE ATTACH A VOIDED CHECK