

AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDITS(ACH CREDITS)

COMPANY NAME KARNES CITY ISD

COMPANY ID NUMBER 74-6001479

I (We) hereby authorize **Karnes City ISD**, hereinafter called COMPANY, initiate credit entries and to initiate, if necessary, debit entries and adjustments for credit entries in error to my (our) () Checking () Savings account (select one) indicated below at the depository named below, hereafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY
NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO.
ROUTING NO. _____ ACCOUNT NO. _____

This authority 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) _____ SOCIAL SECURITY NO. _____
(PLEASE PRINT)

EMPLOYEE NO. _____

DATE _____ SIGNED X _____

**PLEASE ATTACH A VOIDED CHECK IF A CHECKING
ACCOUNT IS SELECTED.**