

Direct **Deposit** via ACH
Consumer Authorization
AUTHORIZATION FOR DIRECT DEPOSIT (ACH Credit)

I hereby authorize **Brandon Valley School District #49-2** to electronically credit my account (and, if necessary, to electronically debit my account to correct erroneous credits). I agree that ACH transactions I authorize comply with all applicable law.

Check all that apply: Begin Deposit Change Information **(please attach a voided check)**

Account Information:

Checking Account/ Savings Account (***select one***) at the depository financial institution named below.

Depository Name _____

Routing Number _____ Account Number _____

Name(s) on Account _____

I understand that this authorization will remain in full force and effect until I notify the **Brandon Valley School District #49-2** ***in writing*** that I wish to revoke this authorization. I understand that the **Brandon Valley School District #49-2** requires at least ***10 days notice*** prior notice in order to cancel this authorization.

Name(s): (Please Print) _____

Date: _____ Signature(s): _____