

INGRAM I.S.D.

ELECTRONIC DEPOSIT

Authorization Agreement for Automatic Deposits (ACH Credits)

I hereby authorize Ingram ISD to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below to credit and/or debit the same to such account.

Name of Bank: _____

Account Number: _____

Please Circle One: Checking Account Savings Account

Please attach a voided check for verification of bank and account number.

This authority is to remain in full force and effect until Ingram ISD has received written notification from me of its termination in such time and in such manner as to afford Ingram ISD and Depository a reasonable opportunity to act on it.

Employee Signature: _____

Date: _____

Forms received after the payroll cut-off dates may not go into effect until the following month. Electronic deposit may be canceled at anytime at the discretion of Ingram ISD.