



# MEDFORD AREA PUBLIC SCHOOL DISTRICT

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I hereby authorize Medford Area Public School District, hereinafter called DISTRICT, to initiate credit entries to my account(s) indicated below at the depository financial institution named below, hereafter called BANK, 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 the U.S. law.

Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

### FOR HSA ACCOUNT ONLY – IN ADDITION TO OTHER ACH ACCOUNTS

|  |  |
|--|--|
| Employee's Authorization #1                                | <input type="checkbox"/> Savings <input type="checkbox"/> Checking |
| Bank Name: _____   | Routing Number: _____  |
| City: _____ State: ____ Zip Code: _____                    | Account Number: _____  |
| <input type="checkbox"/> Fixed amount per pay period _____ | <input type="checkbox"/> Please cancel this direct deposit         |

|  |  |
|--|--|
| Employee's Authorization #1                                | <input type="checkbox"/> Savings <input type="checkbox"/> Checking |
| Bank Name: _____   | Routing Number: _____  |
| City: _____ State: ____ Zip Code: _____                    | Account Number: _____  |
| <input type="checkbox"/> Fixed amount per pay period _____ | <input type="checkbox"/> Please cancel this direct deposit         |

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION**