

Marlin ISD

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT/DIRECT PAYMENT

COMPANY NAME: **Marlin Independent School District**

COMPANY ID NUMBER: 74-6001987

I (we) hereby authorize **Marlin ISD**, to initiate *CREDIT/DEBIT* entries to my (our) Checking/Savings account indicated below at the financial institution indicated below, and if necessary initiate adjustments for any transaction created in error.

Financial Institution's Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Financial Institution's Routing Number: _____

(If you are banking with a Credit Union, please verify with them their correct routing number for ACH direct deposit).

Checking Account Number: _____

Savings Account Number: _____

(If you would like to split your transaction to your savings and checking accounts located at the same financial institution, please indicate by placing both account numbers on form. If your accounts are located at different financial institutions you are required to fill out two authorization forms, one for each financial institution.)

This authority is to remain in full force and effect until Marlin ISD has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Marlin ISD and the financial institution a reasonable opportunity to act on it.

Name(s): _____ Address: _____

Signature: _____ Date: _____

TAPE YOUR VOIDED CHECK or DEPOSIT SLIP HERE