

Buna Independent School District

Direct Deposit Agreement For Electronic Credit/Debit Entries

Authorization Agreement

I hereby authorize Buna Independent School District to initiate automatic deposits (credits) to my account at the financial institution named below. I also authorize Buna Independent School District to make withdrawals (debits) from this account in the event that a credit entry is made in error.

Further, I agree not to hold Buna Independent School District responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me.

This agreement will remain in effect until Buna Independent School District receives a written notice of cancellation from me.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Checking Account Number: _____ Amount: _____

Savings Account Number: _____ Amount: _____

Signature

Name (Please Print): _____ Date: _____

Authorized Signature: _____ Date: _____

Please attach a voided check or deposit slip if available.