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): _____