

# ST. JAMES PARISH SCHOOL SYSTEM

## Authorization Agreement for Automatic Deposits

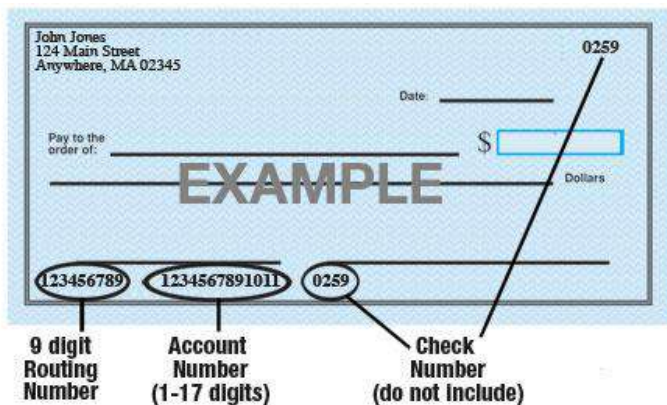
I hereby authorize the St. James Parish School System, hereinafter called SJPSS, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account as indicated below and the depository names below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

**Depository  
(Bank) Name**

**Depository  
Address  
City/State**

**ACH Routing  
Number**

**Account  
Number**



### Account Type (please check one)

- ☐ Checking
- ☐ Savings
- ☐ Flat Amount of: \_\_\_\_\_

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

**Name**  
(PLEASE PRINT)

**Employee  
ID Number**

**Signature**

**Date**

**PLEASE ATTACH A VOIDED CHECK  
OR A LETTER FROM YOUR BANK VERIFYING  
ROUTING AND ACCOUNT NUMBERS.**