

RIVERVIEW SCHOOL DISTRICT
AUTOMATIC DEPOSIT AGREEMENT

NAME: _____

ADDRESS: _____

PHONE: _____

I hereby authorize the Riverview School District to deposit any amounts owed to me by initiating credit entries to my accounts at the following financial institution. Further, I authorize my financial institution to accept and credit any credit entries initiated by the Riverview School District to my account. In the event that the Riverview School District deposits funds erroneously into my account, I authorize the Riverview School District to debit my account for an amount not to exceed the original amount of the credit.

BANK NAME: _____

CITY/STATE: _____

ACCOUNT: (SELECT ONE) CHECKING: _____

SAVINGS: _____

INDIVIDUAL'S BANK ACCOUNT NUMBER: _____

ROUTING NUMBER: _____

SIGNATURE: _____

**PLEASE ATTACH A VOID CHECK OR A PRINT OUT FROM YOUR FINANCIAL INSTITUTION.
THIS IS MANDATORY**