

**GRANT COUNTY
EDUCATION SERVICE DISTRICT
835 A SOUTH CANYON BLVD
JOHN DAY, OREGON 97845
Mr. Robert Waltenburg, Superintendent
Phone: (541) 575-1349 Fax: (541) 575-3601**

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

**ATTACH:
VOIDED CHECK**

I (We) hereby authorize Grant County Education Service District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our:

- Please Check One:** **Checking Account**

 Savings Account

Indicated below and the depository named below, hereinafter called DEPOSITORY (who's name is on the account), to credit and/or debit the same to such account.

DEPOSITORY NAME: _____

BANK NAME: _____ ROUTING #: _____

BRANCH PHONE #: _____ ACCOUNT #: _____

CITY: _____ STATE: _____ ZIP: _____

This authority is to remain in full force and effect until Grant County Education Service District has received written notification from me of its termination in such time and in such manner as to afford Grant County Education Service District and depository a reasonable opportunity to act on it.

NAME (PLEASE PRINT): _____

SIGNATURE: _____ DATE: _____