

*For office use only*

Date Received by FCSD Business Office \_\_\_\_\_

Effective Date \_\_\_\_\_

FAIRFIELD COMMUNITY SCHOOLS  
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

New Enrollment

Change

I hereby authorize Fairfield Community School District to make arrangements with my Bank to initiate credit entries and to initiate, if necessary, adjustments for any credit entries in error to my account indicated below. This authorization agreement must be received by the Fairfield Community School District's business office by the 5<sup>th</sup> of the month.

Depository Name \_\_\_\_\_

Depository Address \_\_\_\_\_

\_\_\_\_\_

Bank Routing # \_\_\_\_\_

Account # \_\_\_\_\_

(Please circle one)                      Checking    or    Savings

This authority is to remain in full force and effect until Fairfield Community School District's business office has received written notification from me by the **5<sup>th</sup> of the month that I wish my automatic deposit to terminate.**

Print Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please tape a voided check to the bottom of this form.**

Fairfield Community School District is not responsible for erroneously reported bank transit numbers or account numbers, nor the completion of this agreement in the event the institution you select is not participating in the Direct Deposit program through the Federal Reserve System.

The language in this authorization represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.

Please tape void check here.