

**Authorization Agreement for Direct Deposits (ACH Credits)  
Custer School District #16-1/Company ID Number: 46-6001309**

I hereby authorize Custer School District #16-1, hereinafter called the COMPANY, to initiate credit entries to my account(s) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.

**Please attach a VOIDED check Or Photocopy of a Check to this agreement.**

Deposit slips **DO NOT** always have the correct numbers

**MAIN ACCOUNT**

**(The full amount or balance of your deposit will go into this account.)**

DEPOSITORY NAME \_\_\_\_\_

CITY \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

This account is (circle one)     checking             savings

**SECOND ACCOUNT (OPTIONAL)**

**(You may designate a fixed amount to be deposited into a second account, such as a savings account, each month).**

DEPOSITORY NAME \_\_\_\_\_

CITY \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ **AMOUNT** \_\_\_\_\_

This account is (circle one)     checking             savings

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

NAME \_\_\_\_\_

(Please print clearly)

DATE: \_\_\_\_\_ SIGNED \_\_\_\_\_

**Please return to the Business Office by the 15th of the month.**