ACH AUTHORIZATION FORM

I (we) hereby authorize Crandall ISD (THE COMPANY) to initiate entries to my checking/savings account at the financial institution listed below (THE FINANCIAL INSTITUTION) and if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____

Name of Financial Institution

_____

Address of Financial Institution – Branch, City, State & Zip

_____

Signature Date

_____

Name – PLEASE PRINT

_____

Address – PLEASE PRINT

Checking/Saving Account Number_____

Financial Institution Routing Number_____

Look between these symbols : : on the bottom left of your check

** PLEASE ATTACHED A VOIDED CHECK FOR VERIFICATION **