

DOLORES SCHOOL DISTRICT RE-4A

P.O. Box 727 100 N. 6th Street
Dolores, Colorado 81323
Phone 970-882-7255 FAX 970-882-7685

DIRECT DEPOSIT AUTHORIZATION FORM

I HEREBY AUTHORIZE Dolores School District RE-4A, hereinafter called COMPANY, to initiate credit entries for _____ (employee name) to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State)

(Routing Number) (Account Number) Type of Acct _____ Checking
_____ Savings

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

(Print Individual Name) (Signature)

(Social Security Number) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!

