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Education Service Center, Region 2

Authorization Agreement for Automatic Deposit

Name: \_\_\_\_\_ Employee ID # \_\_\_\_\_
(Please Print) Last First Middle

I hereby authorize the Education Service Center, Region 2, by whom I am currently employed, to initiate credit entries and to initiate, if necessary, debit entries and adjustments to any credit entries in error to my \_\_\_ checking or \_\_\_ savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit/ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authority is to remain in full force and effect until the Education Service Center, Region 2, has received written notification from me of its termination in such time and in such manner as to afford the Education Service Center, Region 2 and the Depository a reasonable opportunity to act on it.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Add \_\_\_\_\_ Change \_\_\_\_\_ Delete \_\_\_\_\_

Please attach a voided check below.

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For Business Office Use Only:

Date Received: \_\_\_\_\_

Date Posted to System: \_\_\_\_\_

Created: 09/01/06 Revised: 03/05/09