MODESTO CITY SCHOOLS
426 LOCUST ST
MODESTO CA 95351
OFFICE: 209-550-3300 Ext. 5418

To: **Payroll Department**

Subject: **Authorization Agreement for Automatic Bank Deposits (ACH Credits)** **Date: _____**

I hereby authorize Modesto City Schools, hereinafter called DISTRICT, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

All other powers of attorney and written authority of any nature to receive warrants due and to become due me are hereby revoked.

Select one: Checking (23) Savings (33) Delete (00)

Bank name: _____

Transit Routing Number

Account Number

Note: This authority is to remain in effect until District has received written notification from me of its termination in such time and such manner as to afford District and Depository a reasonable opportunity to act on it.

PLEASE ATTACH A VOIDED CHECK FOR THE ACCOUNT INDICATED ABOVE

Print Name: _____ **SSN:** _____

Signature: _____ **Date:** _____