

SALTILLO INDEPENDENT SCHOOL DISTRICT

P.O. Box 269, 150 C.R. 3534, Saltillo, Texas 75478, *(903) 537-2386, * Fax (903) 537-2191

Kevin Woolley
Superintendent

Authorization For Automated Deposits (ACH Credit)

Saltillo ISD

Federal Tax Id: 75-1628127

I (we) hereby authorize Saltillo ISD, hereinafter called District, to initiate credit entries and to initiate, if necessary, debit adjustments for any credit entries in error on my (our) checking _____ saving _____ account (select one) indicated below and the depository named below hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Information

Name	Branch	
City	State	Zip Code
Transit/ABA#	Account#	

This authority is to remain in full force and effect until District has received written notification from me (or either of us) of its termination in such time and in such manner as to afford District a reasonable opportunity to act on it.

Name

Social Security Number

Signature

Date

Please attach a void check or savings withdrawal

For District Use Only:

Date received: _____

Processed by: _____