



Gadsden ACH Authorization Form

CREDIT AUTHORIZATION FORM

I (we) hereby authorize Gadsden Independent School District to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate a reversal for a transaction sent in error. This authority will remain in effect until Gadsden ISD is notified by me (us) in writing to cancel it in such time as to afford Gadsden ISD and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

(Authorized Signature)

(Date)

(Name – PLEASE PRINT)

(Company ID)

(Company Name and Address - PLEASE PRINT)

(Company Email address - PLEASE PRINT)

For Office Use Only

Not Erate Vendor _____

Not Capital Project Funds _____