



Wharton INDEPENDENT SCHOOL DISTRICT

WHARTON, TEXAS

2100 N. Fulton
Wharton, Texas 77488

979-532-6200 (Phone)
979-532-6228 (Fax)

Authorization Agreement for Direct Deposit (ACH Credits)

Employee Name _____ Campus _____

Address _____

I hereby authorize Wharton ISD, hereinafter called COMPANY, to initiate credit entries to my Checking/Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH Transactions to my account must comply with the provisions of the U.S. Law.

Depository Name _____

Branch Address _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Employee Signature _____ Date _____

ATTACH A VOIDED CHECK FROM YOUR DEPOSITORY