

RINGGOLD SCHOOL DISTRICT DIRECT DEPOSIT FORM
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

I HEREBY AUTHORIZE RINGGOLD SCHOOL DISTRICT TO DEPOSIT ANY AMOUNTS OWED TO ME BY INITIATING CREDIT ENTRIES TO MY ACCOUNT AT THE FINANCIAL INSTITUTION (HEREINAFTER BANK) INDICATED BELOW. FURTHER, I AUTHORIZE BANK TO ACCEPT AND TO CREDIT ANY CREDIT ENTRIES INITIATED BY RINGGOLD SCHOOL DISTRICT TO MY ACCOUNT. IN THE EVENT THAT RINGGOLD SCHOOL DISTRICT DEPOSITS FUNDS ERRONEOUSLY INTO MY ACCOUNT, I AUTHROIZE RINGGOLD SCHOOL DISTRICT TO DEBIT MY ACCOUNT FOR AN AMOUNT NOT TO EXCEED THE ORIGINAL AMOUNT OF THE CREDIT.

INDIVIDUAL'S BANK INFORMATION:

INDIVIDUAL'S NAME (PRINT): _____

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE (PLEASE CIRCLE ONE): CHECKING SAVINGS

SIGNATURE: _____

DATE: _____

**PLEASE ALSO ATTACH A VOIDED CHECK OR A DOCUMENT FROM
YOUR BANK STATING YOUR NAME, ACCOUNT AND ROUTING
NUMBERS**