

CROSS ROADS ISD AGREEMENT FOR DIRECT DEPOSIT

Cross Roads ISD

I hereby authorize Cross Roads ISD to initiate credit entries to my
 checking/ **savings** account (select one) indicated below at the depository
financial institution named below, hereinafter 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/Bank Name _____

Phone Number of Branch () _____

City _____ State _____ Zip _____

BANK ROUTING NO. _____ **YOUR ACCOUNT NO.** _____

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

Printed name on Account: _____

Social Security #: _____

Signature: _____ Date: _____

NOTE: All written credit authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

PLEASE ATTACH A DEPOSIT SLIP OF THE ACCOUNT TO BE USED