



## DIRECT DEPOSIT ACCOUNTS PAYABLE

Authorization agreement for (ACH Credits) Direct Deposit  
Please fill out the form below and  
return to:

**Rhonda Kingsbury, Accounts Payable**  
**High Desert ESD**  
**2804 SW 6<sup>th</sup> St**  
**Redmond, OR 97756**  
**rhonda.kingsbury@hdesd.org**

NOTE: Initiation of direct deposit may take up to 10 days from the time this form is received by accounts payable.  
During that time you will continue to receive your check by mail.

### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company Name: \_\_\_\_\_

- Personal Account  
 Business Account

I (we) hereby authorize High Desert ESD, hereinafter called COMPANY, to initiate credit entries to my account indicated below at the depository financial institution named below, hereinafter call DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: \_\_\_\_\_

Branch \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account \_\_\_\_\_

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

Name(s) \_\_\_\_\_

(Please Print)

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

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.  Visions