



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 6th 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