



Business Services

AUTHORIZATION AGREEMENT FOR PRE -AUTHORIZED PAYMENTS
(Direct Deposit)

I hereby authorize McKinney Independent School District to initiate credit entries to my account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same such account.

Depository Name/Branch: _____

City: _____ State: _____ Zip: _____

Routing#: _____

Account#: _____

____ Checking Account

____ Savings Account

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

Name (please print): _____ Employee ID #: _____

Signature: _____ Date: _____