Authorization Agreement for Automatic Deposits (ACH Credits)

Your Name:			
	Oxford City Board of Education, initiate if necessary, debit entries an		
Select one:	checking account	ount savings account	
Indicate below at the debit the same to such	e depository named below, hereinaft ch account.	ter called DEPOSITOF	RY, to credit and/or
Depository (Bank) N	Name		
Branch	City	State	Zip
Routing Number	Acc	ount Number	
notification from me	s to remain in full force and effect of its termination in such time and a reasonable opportunity to act on its	in such manner as to	
NAME	SOC	C SEC #	
DATE	SIGNED		
RECEIVER MAY	TTEN CREDIT AUTHORIZATION REVOKE THE AUTHORIZATION THE MANNER SPECIFIED IN TH	TION ONLY BY N	OTIFYING THE

PLEASE ATTACH A VOIDED CHECK TO ENSURE ALL INFORMATION RECEIVED IS

CORRECT.