

Jackson County School District

4700 Colonel Vickrey Road, P. O. Box 5069, Vancleave, MS 39565

Telephone (228) 826-4842, Fax (228) 826-3871

ACH CREDIT – DEPOSIT

I hereby authorize JACKSON COUNTY SCHOOL DISTRICT, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking or Savings account indicated below and the DEPOSITORY name below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

ACH DEBIT – PAYMENT

I hereby authorize JACKSON COUNTY SCHOOL DISTRICT, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustment for any debit entries in error to my Checking or Savings account indicated below and the DEPOSITORY named below hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Depository/Bank Name _____

Checking or Saving Acct _____

Amount or Balance of Net Pay _____

Depository/Bank Name _____

Checking or Savings Acct. _____

Amount or Balance of Net Pay _____

Attach a VOIDED check (not a deposit slip) for each checking account listed above. Also, attach a VOIDED savings withdrawal slip (not a deposit slip) for each savings account listed above.

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

Employee Name (Please Print) _____

Social Security Number _____

School / Department _____

Signed _____ Date _____

If you have any questions, call Payroll at 826-4842 for further assistance.