Hawley Independent School District

210 Ave. E Hawley, TX 79525 www.hawley.esc14.net

Authorization Agreement for Automatic EFT Deposit

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I hereby authorize Hawley ISD to initiate credit en	tries to the f	following acco	unt:
Bank Name:		-	
Routing Number:		-	
Account Number:		_	
Checking Savin	gs		
This authority is to remain in full force and effect in notification DELIVERED IN PERSON to the HISD Bushall be made in a timely manner as to afford HISD opportunity to act upon it.	usiness Offic	e. Requests fo	r changes
Signature:	_ Date	:	<u> </u>
TO RECEIVE A PAYCHECK, EMPLOYEES MUST BRING AN ORIGINAL OR COPY OF A VOIDE DOCUMENT TO ATTACH BELOW (VOIDED CHECK OR DEPOSIT SLIP WITH CLEAR ROUTIN AND ACCOUNT NUMBER VISIBLE).			
Business Office will attach voide	d check o	r deposit s	lip.