

**AUTOMATED CLEARING HOUSE (ACH) ORIGINATOR AGREEMENT
AUTHORIZATION AGREEMENT
DIRECT PAYMENT (ARCH CREDIT)**

**I (we) hereby authorize Moulton Independent School District, hereinafter called
COMPANY, to CREDIT**

Employee's Financial Institution Name

Account number _____ in the amount of \$ _____ on the
25th day of each month beginning on _____ (mm/dd/yy).

**I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the
provisions of U.S. law.**

Financial Institution Name (Employee's Bank)

Address City-State Zip

Routing/Transit Number Account Number Type of Acct: _____

Contact Name at Main Office/Phone Branch/City/Phone (if applicable)

**This authority 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 manner as to afford
COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.**

Print Individual Name

Signature Individual Name

Date

Moulton Independent School District Authorized Signature _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM