



Authorization Agreement for Direct Deposits (ACH)

Instructions

If your school blocks other organizations from debiting your Independent Activity Fund (IAF) and you want to pay MCPS invoices online, use this form to grant access to MCPS to debit your account for the invoice payment. You must send a completed copy of this form to the Division of Controller and a copy to the bank for your IAF account. For questions about completing this form, please send an e-mail to fmsmaint@mcpsmd.org.

Agreement

Company Name: _____ Company ID Number: _____
Your School Name *Customer No./School No.*

I/we hereby authorize Montgomery County Public Schools, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ Branch: _____
Your Bank Name *Bank Branch*

City: _____ State: _____ Zip: _____
Bank Location

Routing Number: _____ Account Number: _____
Bank Routing Number *Bank Account Number*

This authorization 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 manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: _____ ID Number: _____
Principal's Name (please print) *Principal's Employee ID*

Date: ____/____/____ Signature _____
Principal's Signature

Note: Debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.