

# WEATHERFORD ISD

## Credit/Debit Authorization Form

I (we) hereby authorize Weatherford Independent School District (WISD) to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until WISD is notified by me (us) in writing to cancel it in such time as to afford WISD and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

PLEASE PRINT:

\_\_\_\_\_  
(Name) XXX - XX - \_\_\_\_\_  
(Last 4 digits of SS#)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution - Branch, City, State & Zip)

\_\_\_\_\_  
(Financial Institution Routing Number: Look between these symbols 1: :1 on the bottom left of your check.)

\_\_\_\_\_  
(Account Number) (Checking or Savings)

\_\_\_\_\_  
(Set Amount) OR (Maximum Amount)

\_\_\_\_\_  
(Signature) (Date)

ATTACH VOIDED CHECK HERE