

**SOUTH COAST ESD REGION 7
1350 TEAKWOOD AVE, COOS BAY, OR 97420**

**AUTHORIZATION AGREEMENT
FOR DIRECT DEPOSITS (ACH CREDITS)**

By signing, I hereby authorize South Coast ESD to deduct from my salary the amounts set forth below and to deposit these funds electronically for each payroll period following receipt of this authorization until further notice from me. I understand my earnings receipt will be emailed to the email provided below. The authorization is to remain in full force and effect until South Coast ESD has received written notification from myself (or spouse) of its termination in such time and in such manner as to afford South Coast ESD a reasonable opportunity to act on it.

Print Name(s) _____

Email _____

Signature _____ Date: _____

I (we) hereby authorize Umpqua Bank to initiate credit entries indicated below to the depository financial institution named, hereinafter called DEPOSITORY, and to credit 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.

Please complete the following information

BANK Name _____	Branch _____
City _____	State _____ Zip _____
Routing Number _____	Account Number _____
DEPOSIT INTO: ____ Checking (attach voided check) ____ Savings (attach deposit slip)	DEPOSIT AMOUNT: ____ Net Check after deductions
	\$ - net check

BANK Name _____	Branch _____
City _____	State _____ Zip _____
Routing Number _____	Account Number _____
DEPOSIT INTO: ____ Savings (attach deposit slip) ____ Checking (attach voided check)	DEPOSIT AMOUNT: ____ SECONDARY TRANSFER in the amount of \$ _____
	# - secondary transfers

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE ATTACH HERE:
For CHECKING ACCOUNT deposits: a VOIDED CHECK
or
For SAVING ACCOUNT deposits: a VOIDED DEPOSIT SLIP