

*RED RIVER PARISH PUBLIC SCHOOLS*

*P.O. BOX 1369*

*COUSHATTA, LA 71019*

*PHONE (318) 932-4081 FAX (318) 932-3081*

**AUTHORIZATION AGREEMENT  
FOR DIRECT DEPOSITS**

I hereby authorize Red River Parish School Board, whose Tax I.D. # is 72-6001146 hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries for any credit entries made in error to my checking account listed below and the financial institution named below, hereinafter called INSTITUTION, to credit or debit the same to such account.

\_\_\_\_\_  
Financial Institution Name                      City                      State                      Zip Code

\_\_\_\_\_  
Routing Number                      Account Number

**Please attach a voided check or letter from the bank on the above account in order that we may verify the numbers provided above. Deposit Slips will not work.**

This authority is to remain in full force and effect until COMPANY has received written **notification** from me of its termination in such time and in such manner as to allow COMPANY and INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_ Checking Account

\_\_\_\_\_ Savings Account

\_\_\_\_\_  
Name on Account (Please Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature