



**Lago Vista ISD
Authorization Agreement for
Preauthorized ACH Payments**

CONSUMER NAME(S): _____

I (we) hereby authorize Lago Vista ISD, hereinafter called COMPANY, to initiate **debit** entries to my (our) Checking Account indicated below and the depository named below, hereinafter called DEPOSITORY, 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 the U.S. law.

DEPOSITORY (BANK) NAME: _____

BRANCH LOCATION: _____

CITY: _____ STATE: _____ ZIP: _____

ACCOUNT INFORMATION

TRANSIT/ABA (ROUTING) #: _____

CHECKING ACCOUNT #: _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CONSUMER NAME(S): _____
(PLEASE PRINT)

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

Note: Payments are collected through automatic bank draft on the first school day of each month. Should the 1st of the month fall on a weekend or holiday, the payment will be collected through automatic bank draft first school day after the 1st of the month. Although every effort is made to keep the schedule for bank drafts, it is expected that sufficient funds will be available if the account is drafted at a later date.

OFFICE USE ONLY	
<input type="checkbox"/> Little Vikings	Monthly Amount: _____
<input type="checkbox"/> Tuition-Based Pre-K	District Official Name: _____
<input type="checkbox"/> Other: _____	Initials: _____ Date: _____
This form is confidential and must be delivered directly to the Lago Vista ISD Business Office.	

Confidential