



Montgomery County  
Public Schools

FEDERAL ID # 54-6001433

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

**Effective Date:** \_\_\_\_\_

(If this date is after the 5<sup>th</sup> working day of the month this change will NOT be effective until the following month)

I hereby authorize Montgomery County Public Schools, hereinafter called MCPS, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (check one):

**Checking Account**

**Savings Account**

Indicated below at the DEPOSITORY, hereinafter called DEPOSITORY, named below to credit and/or debit the same to such account.

**Depository Name** \_\_\_\_\_  
(Bank)

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**IMPORTANT NOTE(S):**

This authorization is to remain in full force and effect until MCPS has received written notification from me of its termination, at such time as termination of the agreement is allowed by MCPS policy, and in such manner as to afford MCPS and DEPOSITORY a reasonable opportunity to act on it.

**New Enrollee**

**Change Account** (Only as allowed per agreement)

Employee ID \_\_\_\_\_

or last four digits of SSN: \_\_\_\_\_

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date

(Only needed if the Employee is not the account holder)

-----ATTACH VOIDED CHECK HERE-----