



DIRECT DEPOSIT ENROLLMENT FORM
AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATION FORM

To have the District payments sent directly to the District bank account, complete this form.

SECTION 1 – Account Information

District Name: _____ District #: _____

Name of District Financial Officer: _____

Email: _____ Phone: _____

SECTION 2 – Payment

You **MUST ATTACH A VOIDED DISTRICT CHECK or SAVINGS ACCOUNT STATEMENT**. By selecting Direct Deposit, you authorize FCSU Financial® to initiate a credit and, if necessary, debit corrections to the specified account.

Note: We cannot obtain acceptable banking information from deposit slips.

Bank Name: _____ Type of Account: Checking Savings

ABA Routing #: Bank Acc. #:

SECTION 3 – Pre-Authorization Agreement

I authorize FCSU Financial® to initiate deposits and, if necessary, withdrawals to correct erroneous deposit entries to the above referenced account. I agree to inform FCSU Financial® in writing of any changes to my account or my intent to terminate this authorization. I understand that the payments may be processed on the following business day. I acknowledge that this ACH shall remain in full force and effect until FCSU Financial® has received notice of termination from me (Section 4).

SECTION 4 – Termination of Pre-Authorization charge notice

I hereby direct FCSU Financial® to cancel my Direct Deposit Enrollment Form (ACH). Such notice must be provided in a manner and timeframe that allows FCSU Financial® and the Depository a reasonable opportunity to process the termination (at least fifteen (15) days prior).

SECTION 5 – Signatory Acknowledgement

By signing below, I confirm that I have read, understand and agree to the terms specified in this pre-authorization agreement.

District Financial Officer Signature _____
Date