I (we) hereby authorize the School District of Okeechobee County to initiate entries to my (our) checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the School District of Okeechobee County is notified by me (us) in writing to cancel it in such time as to afford the School District of Okeechobee County and the financial institution below a reasonable opportunity to act on it.

|  |  |
| --- | --- |
| **Company Name or Legal Name** |  |
| **Company Address** |  |
| **Contact Name** |  |
| **Phone Number** |  |
| **Email address (will be used for payment notification)** |  |
| **Financial Institution/Branch/City/State/Zip** |  |
| **Routing Number** |  |
| **Account Number** |  |
| **Account Type (select one)** | Checking [ ]  | Savings [ ]  |

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ATTACH COPY OF A VOIDED CHECK or DEPOSIT SLIP (if savings)**

**Email to:**

**traci.wilderman@okee.k12.fl.us**

**Or please mail completed forms to:**

**Okeechobee County School Board**

**Attn: Finance Department**

**700 S.W. 2nd Avenue**

**Okeechobee, FL 34974**