



Deposit Account  
ACH Origination Agreement

FRANKLIN COUNTY SCHOOLS  
85 SCHOOL ROAD SUITE ONE  
EASTPOINT FL 32328

Section A - Applicant Information

Name (printed):	Signature:
Payee Address:	Date:
City:                      State:                      Zip:	Phone:

Section B - Bank Information

Financial Institution:	Account Number:										
Bank Routing Number: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Type of Account : Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Financial Institution City:	If Checking attach a voided check.										

Amount: \$ \_\_\_\_\_ Beginning Date: \_\_\_\_\_

Select Frequency: \_\_\_\_\_  
Weekly, Bi-weekly, Once a month

By signing this form, I hereby authorize electronic credit entries to a checking or savings account indicated above. In the event of overpayment to this bank account, I authorize \_\_\_\_\_ to make an adjusting debit entry to the account  
(employer)  
up to the amount of the overpayment.  
**Any change** to the bank account or to a new financial institution will require a **new ACH Authorization and Enrollment Form**. Failure to notify \_\_\_\_\_ of an account change will delay payment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date