

# AUTHORIZATION FOR DIRECT PAYMENT (ACH DEBIT)

I hereby authorize the School District of Clayton to initiate debit entries for insurance premiums from the bank account indicated below. Furthermore, I authorize the named depository to debit the entries from my described bank account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States laws.

DEPOSITORY NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

TRANSIT/ABA # \_\_\_\_\_  
(See example below)

ACCOUNT # \_\_\_\_\_  
(See example below)

This authorization is to remain in full effect until the School District of Clayton has received written notification from me or its termination in such time and in such manner as to afford the District and depository a reasonable opportunity to act on it.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**A VOIDED CHECK MUST BE ATTACHED HERE**

ABA#

ACCOUNT #

CHECK #

**Send completed form to:**  
School District of Clayton  
Attention: Linda Benz  
2 Mark Twain Circle  
Clayton, MO 63105