



Canton Independent School District

1045 S. Buffalo St, Canton, TX 75103
903-567-4179 903-567-2370 fax www.cantonisd.net

Jay Tullos, Superintendent
Denise Stone, Business Director

ELECTRONIC FUND TRANSFER AUTHORIZATION AGREEMENT

I hereby authorize Canton ISD to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below to credit and/or debit the same to such account. This authority is to remain in effect until Canton ISD has received written notification from me of its termination in such time and in such manner as to afford Canton ISD and their depository bank a reasonable opportunity to act on the termination notice.

Name: _____

Address: _____

Email Address (*EFT notifications will be sent to this address*): _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Type of Account (*circle one*): Checking / Savings

Authorized Signature: _____ Date: _____

Attach a Voided Check Here