MCS Electronic Fund Transfer (EFT) Enrollment

Print Form

Purchasing
Mat-Su Borough School District
690 Cope Industrial Way
Palmer, AK 99645
P: (907) 861-5120 || F: (907) 861-5184

Special Instructions: Mat-Su Central School (MCS) parents may choose to enroll in Electronic Fund Transfers (EFTs) for reimbursements. To enroll, complete this form and submit it to Mat-Su Central School. All forms will be forwarded to the Purchasing Department for processing, which may take up to two (2) check periods. Any alterations or unauthorized additions invalidate this form.

Parent Name _____ Family # _____

Student Name(s) _____

E-mail Address _____ Phone # _____

Please Note: This form is for EFT enrollment or change only.
Do not use this form to make changes to your contact information.

EFT Deposit: ☐ **Initial Authorization** ☐ **Change / Update** ☐ **Cancellation** ☐ **No Change**

Financial Institution Name & State _____

Institution Transit Routing Number _____ Account # _____

Deposit Into (check only one):

☐ **Checking** (Please attach a voided check or pre-printed documentation from your financial institution. *Deposit slips not accepted.*)

☐ **Savings** (Please attach pre-printed documentation from your financial institution. *Deposit slips not accepted.*)

Electronic Fund Transfer (EFT) Authorization

I hereby authorize the Mat-Su Borough School District to make EFT deposits into my account as indicated.

I further authorize the Mat-Su Borough School District to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the account(s) I have indicated above. I understand that the Mat-Su Borough School District will make a reasonable effort to notify me within 24 hours if a debit entry or adjustment is made against the account(s) I have indicated above.

This authorization agreement is effective as of the signature date below and is to remain in full force and effect until MSBSD has received written notification from me of its termination in such time and such manner as to afford MSBSD and the Financial Institution a reasonable opportunity to act on it. I understand I must notify the Mat-Su Borough School District immediately and complete a new form if I change financial institutions, account numbers, or type of account.

_____ _____ _____

Signature Date Printed Name