

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

NAME _____
(PLEASE PRINT)

I hereby authorize **Valley School District #070**, hereinafter called COMPANY, to automatically deposit funds to my () Checking () Savings account (select one) identified below and the FINANCIAL INSTITUTION named to accept such deposits initiated by the COMPANY. In the event of an incorrect amount or entry, I authorize the COMPANY to reverse this transaction.

FINANCIAL INSTITUTION _____

TRANSIT ROUTING/
ABA NUMBER _____ ACCOUNT NO. _____

This authorization is the remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

DATE _____ SIGNED _____

Please attach a sample VOIDED CHECK here.