

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize Webster County Schools, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) _____ Checking _____ Savings Account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

BANK _____

TRANSIT # ON BOTTOM LEFT OF CHECK _____

ACCOUNT # ON BOTTOM RIGHT OF CHECK _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME _____

SOCIAL SECURITY NUMBER _____

DATE _____ SIGNED _____

PLEASE ATTACH A COPY OF A BLANK VOIDED CHECK TO THIS FORM.