

AUTHORIZATION AGREEMENT AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize Union Community School to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the financial institution(s) named below, hereinafter called Financial Institution, to credit and/or debit the same to such account. Unlimited designations may be made.

Please attach a copy of a voided check to this form.
*If depositing to a savings account contact your
financial institution for the correct routing number*

1.	Financial Institution Name _____	
	Routing Number _____	Account Number _____
	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Fixed \$ _____
		<input type="checkbox"/> Percentage _____ %
		<input type="checkbox"/> Balance

2.	Financial Institution Name _____	
	Routing Number _____	Account Number _____
	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Fixed \$ _____
		<input type="checkbox"/> Percentage _____ %
		<input type="checkbox"/> Balance

3.	Financial Institution Name _____	
	Routing Number _____	Account Number _____
	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Fixed \$ _____
		<input type="checkbox"/> Percentage _____ %
		<input type="checkbox"/> Balance

4.	Financial Institution Name _____	
	Routing Number _____	Account Number _____
	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Fixed \$ _____
		<input type="checkbox"/> Percentage _____ %
		<input type="checkbox"/> Balance

******* FOR MORE THAN FOUR ACCOUNTS ATTACH ADDITIONAL COPIES OF THIS FORM *******

This authority is to remain in full force and effect until the Superintendent's Office has received written notification from me of its termination in such time and manner as to afford the District and Financial Institution a reasonable opportunity to act on it.

Signature

Date