

AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDITS (ACH CREDITS)

Company
Name Lewis Co. School District

I hereby authorize the Lewis Co. School District hereafter called COMPANY, to initiate CREDIT entries and to initiate, if necessary, debit entries as adjustments for any credit entries in error to my () Checking () Savings account (select one) indicated below and the bank, credit union, savings and loan, etc. hereinafter called DEPOSITORY, and to credit the same to such account.

(Please fill in Bank Information below)

Depository
Name _____ Branch _____
Address _____ Phone # _____
City _____ State _____ ZIP _____
Routing Number _____ Account No. _____

**MUST INCLUDE A VOIDED CHECK OR DEPOSIT TICKET
(attach below)**

This authorization is to 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 DEPOSITORY a reasonable opportunity to act on it (5 days prior to pay date).

Name _____ S.S.# _____
(Please Print)

Signature _____ Date _____

Note: All written credit authorizations must provide that the receiver may revoke the Authorization only by notifying the originator in the manner specified in the authorization.