

AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSITS (ACH CREDITS)

I hereby authorize Van Buren School District #42 to initiate credit entries and, if necessary, debit entries if needed to correct for errors made in credit entries to my account described as follows:

NAME OF BANK _____

CITY _____ STATE _____

Routing/Transit # of Bank ____ _

____ Checking or ____ Savings Account # _____

This authority is to remain in full force until written notification from me of its termination or change.

Name (Print) _____

Social Security # _____ Date _____

Signature _____

ATTACH VOIDED CHECK HERE