

AUTHORIZATION AGREEMENT - AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize Fillmore County School District #30-0054 at Shickley, 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) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and or debit the same to such account.

PRIMARY ACCOUNT: (Deposit Net Pay)

(Financial Institution Name)

(Branch)

(Address)

(City, State, Zip)

(Routing Number)

(Account Number)

Type of Account
Checking Savings

PLEASE ATTACH A COPY OF A VOIDED CHECK IN THIS BOX