

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

EMPLOYER: WINDHAM EXEMPTED VILLAGE SCHOOL DISTRICT

LOCATION: 9530 BAUER AVENUE, WINDHAM, OH 44288

I hereby authorize my **EMPLOYER** (named above) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account or account(s) listed below:

FINANCIAL INSTITUTION NAME	*TRANSIT/ABA NO.	ACCOUNT NO.	ACCOUNT TYPE
1. _____	_____	_____	____ CHECKING ____ SAVING
LOCATION _____		**% _____	AMOUNT _____
2. _____	_____	_____	____ CHECKING ____ SAVING
LOCATION _____		**% _____	AMOUNT _____
3. _____	_____	_____	____ CHECKING ____ SAVING
LOCATION _____		**% _____	AMOUNT _____

\*Nine digit number that appears on the bottom of a check or deposit slip.

\*\*This is where you designate a percentage of pay or fixed amount. Percentages must add up to 100%.

The authority is to remain in full force until **EMPLOYER** has received written notification from me (or either of us) of its termination in such timely manner as to afford the **EMPLOYER** and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

Name \_\_\_\_\_ SS NUMBER \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**IMPORTANT:**

**ATTACH A VOIDED CHECK OR DEPOSIT SLIP WITH AUTHORIZATION**