

Berne Union Local Schools

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

EMPLOYER NAME _____ LOCATION _____

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 accounts listed below.

FINANCIAL INSTITUTION NAME	*TRANSIT/ABA NO.	ACCOUNT NO.	TYPE OF ACCT
1. _____	_____	_____	__CK __SAV

BANK LOCATION _____

BANK PHONE NUMBER _____

This authority is to remain in full force until EMPLOYER has received written notification from me of its termination in such timely manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NAME: _____
(please print)

DATE: _____ SIGNATURE: _____

A VOIDED CHECK MUST BE ATTACHED FOR CHECKING ACCOUNTS

A DEPOSIT SLIP MUST BE ATTACHED FOR SAVING ACCOUNTS

ALL INFORMATION MUST BE COMPLETE