

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

BUCKEYE VALLEY LOCAL SCHOOLS

Delaware, Ohio 43015

INSTRUCTIONS: You may specify up to three direct deposit accounts below. They do not have to be at the same bank. The Transit/ABA No. indicates the bank, the Account No. indicates the account number. At least one must be a percentage and all percentages must add up to 100%. For example, you could have a fixed amount of \$50.00 going into a savings account, and then 100% (indicates the rest) into a checking account. The system will always do the fixed amounts first and then finish with the percentages. If you only have one or two accounts, leave the others blank. Also, please attach a canceled/void check so that we can verify the numbers for checking accounts; a deposit slip for a savings accounts (although sometimes the routing no. is not on those).

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 account or accounts listed below:

1. Financial Institution Name _____ **City** _____

Transit/ABA No. _____ **Account No.** _____

(Check one): Checking ___ Savings ___ **Amount/Percent:** _____

2. Financial Institution Name _____ **City** _____

Transit/ABA No. _____ **Account No.** _____

(Check one): Checking ___ Savings ___ **Amount/Percent:** _____

3. Financial Institution Name _____ **City** _____

Transit/ABA No. _____ **Account No.** _____

(Check one): Checking ___ Savings ___ **Amount/Percent:** _____

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 Buckeye Valley Local Schools and the Financial Institution a reasonable opportunity to act on it.

Name _____ **ID Number** _____

Date _____ **Signature** _____