



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize Belleville Township High School District No. 201, hereafter known as "the *DISTRICT*", to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my checking/savings account with the depository named below, hereafter called "*DEPOSITORY*", to credit and/or debit the same to such account.

DEPOSITORY NAME:

BRANCH LOCATION:

ROUTING #

ACCOUNT #

***** PLEASE ATTACH A VOIDED CHECK FROM THE ABOVE ACCOUNT. *****

I understand that although there is no cost to me associated with beginning direct deposit, any changes in my account number or financial institution may result in a charge against my account levied by the *DEPOSITORY*.

This authority is to remain in full force and effect until the *DISTRICT* has received written notification from me of its termination, in such time and in such manner as to afford the *DISTRICT* and the *DEPOSITORY* a reasonable opportunity to act on it.

NAME (Please print):

EMAIL ADDRESS (for direct deposit slips):

SIGNATURE:

DATE:
