

PLEASE ATTACH A VOIDED CHECK

AUTHORIZATION AGREEMENT
AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize Pleasant Valley School District hereinafter called COMPANY, to initiate credit entries to my account(s) indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I acknowledge that the origination of ACH transactions to my account(s) must comply with the provisions of U.S. law.

PRIMARY ACCOUNT: (Deposit Net Pay)

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number)

Type of Account: _____ Checking _____ Savings

SECOND ACCOUNT: Amount to Deposit \$ _____

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number)

Type of Account: _____ Checking _____ Savings

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

(Print Individual name)

(Signature)

(Date)