

SHARPSVILLE AREA SCHOOL DISTRICT

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize Sharpsville Area School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my _____ checking _____ savings account (select one) indicated below and the depository name below, hereinafter called *Depository*, and to credit and/or debit the same to such account.

DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

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

NAME _____ SOCIAL SECURITY NUMBER _____
(PLEASE PRINT)

DATE _____ SIGNED _____