

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT  
(ACH CREDITS)**

Employer Name: **FIELD LOCAL SCHOOL DISTRICT**

I hereby authorize my Employer (named above) to automatically deposit my payroll check into my accounts listed below. This includes authorization to correct any entries made in error.

Financial Institution Name & Address \_\_\_\_\_  
\_\_\_\_\_

Transit/ABA No. \_\_\_\_\_

**Checking Account No.** \_\_\_\_\_ %

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Financial Institution Name & Address \_\_\_\_\_  
\_\_\_\_\_

Transit/ABA No. \_\_\_\_\_

**Savings Account No.** \_\_\_\_\_ %

The 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 the financial institution a reasonable opportunity to act on it.

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK FOR EACH ACCOUNT.**

**RETURN TO EMILY LANGILLE IN THE TREASURER'S OFFICE.**