

WENATCHEE SCHOOL DISTRICT NO. 246

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize Wenatchee School District No. 246 to initiate credits and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking or Savings account and the depository as indicated below, herein after called Depository, to credit and/or debit the same to such account.

_____ Checking _____ Savings

The following section is not required if you have attached banking information.

Depository Name _____	Branch _____	
City _____	State _____	Zip _____
Transit/ABA No. _____	Account No. _____	

I understand my first paycheck during the pre-note process will be a physical check and I will need to pick it up at the District Office. If the depository information clears during the pre-note process, then thereafter my paychecks will be deposited in the above account on the last banking day of each month.

The authority is to remain in full force and effect until Wenatchee School District No. 246 has received written notification from me of its termination in such time and in such manner as to afford Wenatchee School District No. 246 and the Depository a reasonable opportunity to act on it.

Name (Please Print) _____

Signed _____

Date _____

PLEASE ATTACH VOIDED CHECK BELOW