

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

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Transit/ABA No. _____ Account No. _____

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 DEPOSIT SLIP BELOW