

**AUTHORIZATION AGREEMENT FOR RECEIVING AUTOMATIC DEPOSITS**  
**(ACH CREDITS)**

**COMPANY NAME: REGIONAL SCHOOL DISTRICT #13**

I, as the payment receiver, hereby authorize Regional School District #13, hereafter called COMPANY, to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries initiated in error to my account at the depository named below, hereinafter called DEPOSITORY, and for DEPOSITORY to credit and/or debit the same such account.

**INDICATE TYPE OF ACCOUNT - MAY CHOOSE ONE OR TWO ACCOUNTS, NET AMOUNT MUST GO INTO SECOND ACCOUNT. IF CHOOSING ONLY ONE ACCOUNT CHOOSE NET AMOUNT ONLY (SECOND OPTION).  
FOR SAVINGS ACCOUNTS, CONTACT YOUR BANK TO GET ABA/ROUTING NUMBER.**

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This account is a ( ) Checking Account ( ) Savings Account **Net amount only**

DEPOSITORY/BANK NAME: \_\_\_\_\_

ABA/ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

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This account is a ( ) Checking Account ( ) Savings Account **Set amount only** Amount \$ \_\_\_\_\_

DEPOSITORY/BANK NAME: \_\_\_\_\_

ABA/ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

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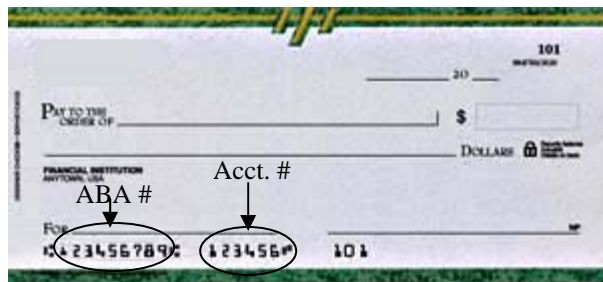
This authorization is to remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME: \_\_\_\_\_  
(please print)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATIONS ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

**PLEASE ATTACH A VOIDED CHECK (S)**



Your ABA number is the first 9 digits after “:” on your check.