

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize MACONAQUAH SCHOOL CORPORATION hereinafter called **COMPANY**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below at the financial institution named below, hereinafter called **DEPOSITORY**, to credit and/or debit the same such account.

1. FINANCIAL INSTITUTION

NAME _____ CHECKING () SAVINGS ()

CITY _____ STATE _____ ZIP CODE _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____ AMT: \$ _____

Remaining balance will be placed into 2nd account listed below

2. FINANCIAL INSTITUTION

NAME _____ CHECKING () SAVINGS ()

CITY _____ STATE _____ ZIP CODE _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____ **Remaining Balance**

This authorization is to remain in full force and effect until **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)

SIGNATURE _____

DATE _____

A COPY OF A CANCELLED CHECK OR A VOIDED CHECK MUST BE ATTACHED.

For Company Use Only: ID NUMBER _____