



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize East Rochester School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking or Savings account indicated below and the depository named below to credit and/or debit the same to such account.

BANK NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

CHECKING ACCOUNT _____ *OR* SAVINGS ACCOUNT _____

This authority is to remain in full force and effect until East Rochester Schools has received written notification from me of its termination in such time and in such manner as to afford East Rochester Schools and our bank a reasonable opportunity to act on it.

NAME _____ SS# _____

DATE _____ SIGNED _____

INSTRUCTIONS: ** Please attach a voided check

** Allow 2 pay periods for the direct deposit to take effect