

# DIRECT DEPOSIT FORM

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Company Name: LINCOLN CONSOLIDATED SCHOOL DISTRICT

I (we) hereby authorize LINCOLN CONSOLIDATED SCHOOL DISTRICT, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking account indicated below and the bank named below, to credit and/or debit the same to such account.

Bank Name: \_\_\_\_\_

Routing No: \_\_\_\_\_

Account No: \_\_\_\_\_

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

Printed Name(s): \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_