

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

COMPANY

COMPANY

NAME: Wyandanch Union Free School District ID NUMBER: _____

I (we) hereby authorize Wyandanch UFSD, hereinafter called COMPANY, to initiate credit entries, electronically or by any other commercially accepted method, and to initiate, if necessary, by any such method, debit entries and adjustments for any credit entries in error to my (our) ___ Checking ___ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. I (we) have attached a voided personal check (if a checking account is to be credited) which contains account and routing information.

DEPOSITORY NAME: _____ BRANCH: _____

CITY: _____ STATE: _____

TRANSIT/ABA #: _____ ACCOUNT #: _____

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.

IMPORTANT: ATTACH VOIDED PERSONAL CHECK IF CHECKING ACCOUNT IS TO BE CREDITED

NAME(s): _____ ID NUMBER: _____

DATE: _____

SIGNED: _____

SIGNED: _____