

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize Manchester Local School District hereinafter referred to as DISTRICT, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below.

Financial Institution Name:
Transit/ABA Number:
Account Number:
Type of Account: _____ Checking _____ Savings
Amount: _____ or Percentage:

Financial Institution Name:
Transit/ABA Number:
Account Number:
Type of Account: _____ Checking _____ Savings
Amount: _____ or Percentage:

This authority is to remain in full force until the DISTRICT has received written notification from me of its termination in such timely manner as to afford the DISTRICT and FINANCIAL INSTITUTION a reasonable opportunity to act upon it.

SIGNATURE: _____ DATE: _____

SSN: _____

It is critical that this information is correct so the money will be deposited in the correct account number at the appropriate bank. If you have questions about obtaining the correct transit or account numbers, please contact your financial institution.