

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

MUSCATINE COMMUNITY SCHOOL DISTRICT

ID NUMBER: 42-6038998

I hereby authorize Muscatine Community 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) account(s) as indicated below.

Please print clearly

Bank name for Account 1 _____

Account 1 type: ____ Checking or ____ Savings

Bank routing number (ABA number): _____

Account Number: _____

Percentage or dollar amount to be deposited to this account: _____

Bank name for Account 2 (remainder to be deposited to this account) _____

Account 2 type: ____ Checking or ____ Savings

Bank routing number (ABA number): _____

Account Number: _____

Please attached a voided check and/or a bank letter with the Bank routing number and your account number for each account.

This authority 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 BANK a reasonable opportunity to act on it.

NAME _____ EMPLOYEE ID NUMBER _____
(PLEASE PRINT)

DATE _____ SIGNED X _____