AUTHORIZATION AGREEMENT
AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize the Gasconade County R-II School District, hereinafter called the DISTRICT, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the financial institution named below, hereinafter call FINANCIAL INSTITUTION, to credit and/or debit the same such account.

_____ _____
(Financial Institution Name) (Branch)

_____
(Address, City, State and Zip)

_____ _____
(Bank Routing Number) (My Account Number)

Type of Account: Checking _____ Savings _____ (Can be split between accounts)

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

_____
(Signature)

_____
(Print Name)

_____
(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!!!