

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I hereby authorize Lind School District #158 and/or Ritzville School District #160-67, hereinafter called COMPANY, to initiate credit entries to my (select one):

- Checking Account
- Savings Account

as indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account, and if necessary, debit entries and adjustments for any credit entries in error. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name of Employee's Bank: _____ Branch: _____

City: _____ State: _____ Zip Code: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon it.

Name: _____ Signature: _____
(Please Print)

Date: _____

NOTE: Please attach a COPY of a check or a VOIDED Check for Authorization