

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDIT)

EMPLOYER: ATHENS-MEIGS ESC

Employer ID Num: 31-1599475

I (We) hereby authorize the Athens-Meigs Educational Service Center to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account or accounts listed below.

Institution Name	Transit/ABA Number (*)	Account Number	% of Pay or Fixed Amt. (@)	
1. _____	_____	_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
2. _____	_____	_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
3. _____	_____	_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

This authority is to remain in force until EMPLOYER has received written notification from me (or either of us) of its termination in such timely manner as to afford EMPLOYER and Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
EMPLOYEE NAME (Please Print)      SSN

\_\_\_\_\_  
DATE      E-MAIL ADDRESS

\_\_\_\_\_  
SIGNATURE (Employee)      DATE

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM**  
(To verify transit and account numbers)

\_\_\_\_\_  
SIGNATURE (IF JOINT ACCOUNT)      DATE

(\*) = This is the nine digit number that appears on the bottom left of a check or deposit slip.

This is where you designate a percentage of pay or fixed amount. If using percentages, the percentages are applied to different accounts.

(@)= Must equal 100% when the form is completed.