

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS  
(ACH CREDITS)**

School District: Southwest Licking Local School District      TIN: 31-6402466

I hereby authorize SWLLSD, hereinafter called SCHOOL DISTRICT, to initiate credit entries and to initiate, if necessary any debit entries and adjustments for any credit entries in error to my CHECKING and/ or SAVINGS account (circle one) indicated below and the financial institution stated below, to credit and/or debit the same to such account.

Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

Print Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**A VOIDED CHECK OR SAVINGS DEPOSIT TICKET MUST BE ATTACHED FOR EACH ACCOUNT.**

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