

Authorization Agreement For Direct Deposits (ACH Credits)

Company Name: Sunnysic	le School District	
I(we) herby authorize	Sunnyside School District to	initiate credit entries to
my checking or saving	gs account (Check one) indie	cated below at the depository
financial institution named be	low, hereinafter called DEPO	SITORY, and to deposit to the
same such account.		
For a checking account, ple	ase attach a <i>voided</i> check. Fo	or a savings account, please
attach a voided deposit slip.		
Bank Name:		
Branch:		
City:	State:	<mark>ZIP</mark> :
Routing Number:		ber:
This authorization is to remai	n in full force and effect until	Sunnyside School District has
received written notification	from me (or us) of its termina	ation in such time and in such
manner as to afford Sunny	side School District and C	Columbia Bank a reasonable
opportunity to act on it.		
Name (printed):		
Signed:		Date: