

**NORTHERN LOCAL SCHOOL DISTRICT
AUTHORIZED AGREEMENT FOR AUTOMATIC DEPOSIT**

I hereby authorize Northern Local School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed below.

Financial Institution	Routing Number	Account Number	Amount	Circle One
1.				Checking Savings
2.				Checking Savings
3.				Checking Savings

This authority is to remain in full force until Northern Local School District has received written notification from me of its termination. Northern Local School District must receive this in a timely manner in which Northern Local School District and the FINANCIAL INSTITUTION have reasonable opportunity to act on it.

Name _____

SSN xxx-xx-

Signature _____

Date _____

PLEASE ATTACH A VOIDED CHECK WITH THIS FORM.