

DEBIT AUTHORIZATION

I (we) hereby authorize The Webster Groves School District, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION to debit the same to such account for \$\_\_\_\_\_. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the United States law.

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_  
(Routing #) (Account #)

Type of account: Checking\_\_\_\_\_ Savings\_\_\_\_\_

This authority is to remain in effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to complete the request.

\_\_\_\_\_  
(Printed Name) (Signature)

\_\_\_\_\_  
Joint Account Holder (Signature)

\_\_\_\_\_  
(Social Security Number) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

Please note: The debit will occur on the 1st business day of each month.