



The School District of Edgefield County

425 Lee Street — Johnston, SC 29832

Offices of Fiscal Services
and Human Resources

Phone 803-275-1122
Fax 803-275-1128

Authorization Agreement for Automatic Deposits (Automated Clearing House Credits)

To: The School District of Edgefield County – 57-6000346
(Company Federal Tax ID)

I (We) hereby authorize The School District of Edgefield County, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking account indicated below and the DEPOSITARY, hereinafter called depository, to credit and/or debit the same such account. Information on my depository and account is:

<hr/>		<hr/>	
Depository Name		Branch	
<hr/>		<hr/>	
City	State	Zip Code	
<hr/>		<hr/>	
Depositor Transit / ABA Number		Your Checking Account Number	

< < < *Your VOIDED check or Bank form **MUST** accompany this form* > > >

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and such manner as to afford COMPANY and DEPOSITARY a reasonable opportunity to act on it.

By: _____
Name(s) Print or Type Social Security / ID Number

X _____ (1) X _____ (2)
Signature Signature

Date: _____