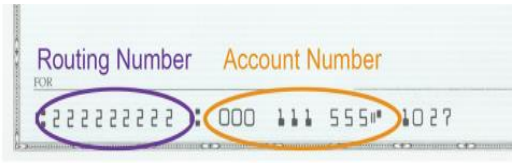
CLAIBORNE COUNTY SCHOOL DISTRICT
ACH Payment Authorization

I (we) do hereby authorize the above-named company, hereinafter called Company, to initiate credit entries and to initiate. If necessary, debit entries and adjustments for any credits entries in error to my account (our) account/s indicated below and the depository named hereinafter called DEPOSITORY, to credit and /or debit the same to such account/s.

1. **Bank Name/City State**_____
   Routing Transit#: _____
   Account Number#: _____
   - Checking
   - Savings
   - Entire Net Amount
   - Other
     I wish to deposit $_____or Percentage%_____
2. **Bank Name/City State**_____
   Routing Transit#: _____
   Account Number#: _____
   - Checking
   - Savings
   - Entire Net Amount
   - Other
     I wish to deposit $_____or Percentage%_____

This authorization is to remain in effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act upon it.

Bank Details



☐ Checking ☐ Savings
Account Number _____
Routing Number _____

EMPLOYEE NAME: _____

SIGNATURE _____ ***DATE*** _____
(Account Holder's Signature)

AFFIX VOIDED CHECK OR OTHER DEPOSITORY DOCUMENT BELOW: