

**CLIO AREA SCHOOLS**

Authorization Agreement for DIRECT DEPOSITS ACH CREDITS/DEBITS

**EMPLOYEE NAME** \_\_\_\_\_

I hereby authorize Clio Area Schools, to initiate credit/debit entries to my

**CHECKING**

**SAVINGS ACCOUNT**

Please Fill This Out **COMPLETELY**

Bank Phone Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account NO: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

This authorization is to remain in full force and effect until Clio Area Schools has received written notification from me of its termination in such manner as to afford Clio Area Schools and the Depository a reasonable opportunity to act on it. Adjusting entries to correct errors are also authorized.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

NOTE: All written credit/debit authorization MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.