

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company Name OESJ CSD

I (we) hereby authorize Oppenheim-Ephratah-St. Johnsville Central School, hereinafter called COMPANY, to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my (our):

☐ **Checking Account** or ☐ **Savings Account** (select one) indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I (we) acknowledge that the authority will remain in effect until I have (or either of us) cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. **Please attach voided check to this form.**

BANK NAME:

Routing
Number _____

Account
Number _____

ENTIRE PAYCHECK: _____

This authorization 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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name (s): _____
(Please Print)

Signature: _____

Date: _____