



JERSEY SHORE AREA SCHOOL DISTRICT

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Company Name: **Jersey Shore Area School District**

I hereby authorize JERSEY SHORE AREA SCHOOL DISTRICT, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error to my checking or savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

BANK OR CREDIT UNION
NAME _____ ROUTING NUMBER _____

ACCOUNT NO. _____

ACCOUNT TYPE (checking or savings) _____

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

SIGNED _____ DATE _____

PLEASE INCLUDE A COPY OF YOUR CHECK FOR VERIFICATION OF ACCOUNT & ROUTING NUMBERS.