

# Lake Central School Corporation

## Authorization Agreement for Automatic Deposit

Name: \_\_\_\_\_

Last 4 Digits of your Social Security Number: \_\_\_\_\_

I hereby authorize the Lake Central School Corporation, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries to my \_\_\_\_\_ Checking Account

\_\_\_\_\_ Savings Account

(Select only one above) indicated below and the bank named below, hereinafter called BANK, to credit and/or debit the same to such account.

BANK: \_\_\_\_\_

Branch Location: \_\_\_\_\_ State: \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

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 BANK a reasonable opportunity to act on it (minimum 10 calendar days).

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK THAT WILL ENABLE US TO VERIFY YOUR BANK TRANSIT NUMBER.**

### **Complete all blanks as directed:**

Print your name.

Enter last 4 digits of your social security number.

Check only one type of account into which your check should be deposited.

Transit/ABA No. – for office use only, **leave blank**.

Account No. – enter the number of the account into which you wish your check to be deposited.

**Make sure you sign and date this form.**