

**SCHOOL DISTRICT OF REEDSBURG
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS
(ACH CREDITS)**

I hereby authorize the School District of Reedsburg, hereinafter called DISTRICT, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the following accounts indicated below and the depositories named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such accounts.

<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	<input type="text"/> DOLLAR AMOUNT
DEPOSITORY		
NAME _____		BRANCH _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
TRANSIT/ROUTING NO. _____		ACCOUNT NO. _____

<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	<input type="text"/> DOLLAR AMOUNT
DEPOSITORY		
NAME _____		BRANCH _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
TRANSIT/ROUTING NO. _____		ACCOUNT NO. _____

Written authorization must be received 10 days prior to the payment date to have the agreement effective on that payroll date. This authority is to remain in full force and effect until DISTRICT and DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford DISTRICT and DEPOSITORY a reasonable opportunity to act on it.

NAME _____
(PLEASE PRINT)

SIGNATURE _____

DATE _____