



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS  
(ACH CREDITS)**

Company: Licking Heights Local School District

Federal ID: 31-6402606

I hereby authorize LHLSD, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary any debit entries and adjustments for any credit entries in error to my CHECKING and/ or SAVINGS account indicated below and the financial institution stated below, to credit and/or debit the same to such account.

Financial Institution: <input style="width: 90%;" type="text"/>			
City: <input style="width: 25%;" type="text"/>	State: <input style="width: 20%;" type="text"/>	Zip Code: <input style="width: 30%;" type="text"/>	
Routing Number: <input style="width: 25%;" type="text"/>	Account Number: <input style="width: 60%;" type="text"/>		
Account Type:    Checking <input style="width: 10%;" type="checkbox"/>	Savings <input style="width: 10%;" type="checkbox"/>	Amount: <input style="width: 30%;" type="text"/>	
<i>(% of fixed amount)</i>			

Financial Institution: <input style="width: 90%;" type="text"/>			
City: <input style="width: 25%;" type="text"/>	State: <input style="width: 20%;" type="text"/>	Zip Code: <input style="width: 30%;" type="text"/>	
Routing Number: <input style="width: 25%;" type="text"/>	Account Number: <input style="width: 60%;" type="text"/>		
Account Type:    Checking <input style="width: 10%;" type="checkbox"/>	Savings <input style="width: 10%;" type="checkbox"/>	Amount: <input style="width: 30%;" type="text"/>	
<i>(% of fixed amount)</i>			

Financial Institution: <input style="width: 90%;" type="text"/>			
City: <input style="width: 25%;" type="text"/>	State: <input style="width: 20%;" type="text"/>	Zip Code: <input style="width: 30%;" type="text"/>	
Routing Number: <input style="width: 25%;" type="text"/>	Account Number: <input style="width: 60%;" type="text"/>		
Account Type:    Checking <input style="width: 10%;" type="checkbox"/>	Savings <input style="width: 10%;" type="checkbox"/>	Amount: <input style="width: 30%;" type="text"/>	
<i>(% of fixed amount)</i>			

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 the financial institution a reasonable opportunity to act on it.

Employee Name (Print): \_\_\_\_\_

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

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

**A VOIDED CHECK OR SAVING DEPOSIT TICKET MUST BE ATTACHED FOR THE ACCOUNT(S) LISTED**