

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

Company: Wyalusing Area School District
Address: 42 Main Street PO Box 157 Wyalusing PA 18853

I hereby authorize Wyalusing Area School District, hereinafter called COMPANY to initiate credit entries to my account(s) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

#1 Name of Bank: _____

Branch Location: _____

City: _____ State: _____ Zip: _____ **Amount** _____

ABA Transit/Routing Number _____ **Account Number** _____

Type of Account: Checking _____ Savings _____

.....
#2 Name of Bank: _____

Branch Location: _____

City: _____ State: _____ Zip: _____ **Amount** _____

ABA Transit/Routing Number _____ **Account Number** _____

Type of Account: Checking _____ Savings _____

.....
#3 Name of Bank: _____

Branch Location: _____

City: _____ State: _____ Zip: _____ **Amount** _____

ABA Transit/Routing Number _____ **Account Number** _____

Type of Account: Checking _____ Savings _____

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

Name: _____ **Signature:** _____

Date: _____

*Please attach a voided blank check for each checking account.
The routing number is found on the bottom left hand side of your checks.*