

LUDINGTON AREA SCHOOLS

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH CREDITS)

Employee Name: _____ SSN: _____

Depository (Bank, Credit Union) Name: _____

Transit ABA Number (9 digits): _____

Account
Number: _____

Circle One: Checking Account or Savings Account

Amount to be Deposited: Net or \$ _____

I hereby authorize Ludington Area Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account as indicated above and the depository named above, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

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

Signed: _____ Dated: _____

