

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.

STAPLE YOUR VOIDED CHECK HERE

YOUR NAME				101
ADDRESS				
ADDRESS				
VOIDED CHECK				\$
VOIDED CHECK				\$
VOIDED CHECK				\$
VOIDED CHECK				\$
1234567	7654321	101		

↑ Transit # ↑ Account # ↑ Check#