

TUSSEY MOUNTAIN SCHOOL DISTRICT

Office of the Superintendent



AUTHORIZATION AGREEMENT FOR AUTOMATIC ENTRIES

I / we hereby authorize the TUSSEY MOUNTAIN SCHOOL DISTRICT and Community State Bank of Orbisonia to initiate credit debit entries and, if necessary, any adjustments needed to correct entries made in error, to account(s) indicated below, and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account(s). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Laws and Regulations including the Sanction Laws administered by the Office of Foreign Asset Control.

Please attach a voided check or deposit ticket to this form and return to Rachel Heath

Financial Institution Information

Name: _____

City: _____ State: _____ Zip: _____

Transit/ABA No.: _____

Account No.: _____

Account Type: checking savings

This authorization is to remain in full force and effect until TMSD has received written notification from me (or either of us) of its termination in such time and in such manner as to afford TMSD and BANK a reasonable opportunity to act on it.

Full Name (first, middle, last) – Please print

Signature (required)

Date