

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

I hereby authorize the Northern Buckeye Education Council to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below.

FINANCIAL INSTITUTION NAME	TRANSIT/ABA NO. *	ACCOUNT NO.	TYPE OF ACCOUNT
1. _____	_____	_____	____ Checking ____ Savings
Location _____	% _____	Amount _____	
2. _____	_____	_____	____ Checking ____ Savings
Location _____	% _____	Amount _____	
3. _____	_____	_____	____ Checking ____ Savings
Location _____	% _____	Amount _____	

The authority is to remain in full force until the Northern Buckeye Education Council has received written notification from me of its termination in such time and in such manner as to afford the Northern Buckeye Education Council and the Financial Institution a reasonable opportunity to act on it. A minimum of twelve (12) working days is required for the Northern Buckeye Education Council to act on this request.

NAME _____ SS # _____
(Please Print)

DATE _____ SIGNATURE _____

* This information can be found on the bottom of your personal checks, preceding your account number. If you are unsure about the routing number, please contact your financial institution representative.