

Authorization Agreement For Direct Deposits (ACH Credits)

Franklin Central School

I hereby authorize the Franklin Central School to initiate credit entries to my financial institution listed below.

Financial Institution _____

City _____ **State** _____ **Zip Code** _____

Routing Number _____

Account Number _____

Checking _____ **or Statement Savings** _____

Amount\$ _____

This authorization is to remain in full force and effect until the Franklin Central School has received written notification from me of its termination in such time and in such manner as to afford the Franklin Central School to act on it.

Name _____

Date _____ **Signed** _____