Zionsville Community Schools

900 Mulberry Street •Zionsville, Indiana 46077 • Phone: 317-873-2858 Fax: 317-873-8003 •www.zcs.k12.in.us

Executive Leadership Team

SCOTT ROBISON, Ph.D., Superintendent of Schools ROBERT BOSTWICK, M.S., Executive Director of Operations MICHAEL SHAFER, C.P.A., Chief Financial Officer CATHY FUELLING, M.S., Director of Unified Student Services PATTI BOSTWICK, B.S., Chief Technology Officer



Board of School Trustees

ROBERT WINGERTER, C.P.A., J.D., President JANE BURGESS, M.Ed., Vice President SHARI ALEXANDER RICHEY, C.P.A., Secretary BILL STANCZYKIEWICZ, M.A., Member JAMES LONGEST, PE, PLS, Member

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)			
COMPANY NAME			COMPANY ID NUMBER
Zionsville Community Schools			35-1168812
I (we) hereby authorize <u>Zionsville Community Schools</u> hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.			
YOUR BANK'S NAME BRAN	UR BANK'S NAME BRANCH		TRANSIT/ABA NUMBER
CITY, STATE, ZIP		ACCOUNT NUMBER	
This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) has the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.			
Dollar amount that will be debited on the 15 th of each month: \$	DATE		SOCIAL SECURITY NUMBER LINKED TO THE ACCOUNT:
NAME (PLEASE PRINT)		NAME (PLEASE PRINT)	
*SIGNATURE SIGNATURE			
113-112-01 P (3/87)			

*If the account being used is a joint account you must have both signatures.