

Zionsville Community Schools

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

AUTHORIZATION AGREEMENT –FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

COMPANY NAME

Zionsville Community Schools

COMPANY ID NUMBER

35-1168812

I (we) hereby authorize Zionsville Community Schools 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

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 30¹ of each month: \$_____

DATE

SOCIAL SECURITY NUMBER LINKED TO THE ACCOUNT:

NAME (PLEASE PRINT)

NAME (PLEASE PRINT)

*SIGNATURE

SIGNATURE

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