

**AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS (ACH CREDIT)**

Company Name: Educational Service Unit 10 **Company ID Number:** 470495732

I (we) hereby authorize Educational Service Unit 10, hereinafter called COMPANY, to initiate credit entries to my (our) account(s) indicated below at the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

Checking Savings Amount \$ _____
Depository Name _____ Branch _____
City _____ State _____ Zip _____
Routing Number _____ Account Number _____

Checking Savings Amount \$ _____
Depository Name _____ Branch _____
City _____ State _____ Zip _____
Routing Number _____ Account Number _____

Checking Savings Amount \$ _____
Depository Name _____ Branch _____
City _____ State _____ Zip _____
Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY 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.

Printed Name(s) _____

Date _____ Signed X _____

Signed X _____

Please attach a voided check or deposit slip from the account you wish the credit deposited to insure correct information. The attachment must include both routing and account numbers.