

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

COMPANY NAME: Lopatcong Township Board of Education

I hereby authorize Lopatcong Township Board of Education, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my () Checking () Savings account **(MUST SELECT ONE)** indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME _____ SOCIAL SECURITY NUMBER _____

DATE _____ SIGNED _____

PLEASE ATTACH A COPY OF A VOIDED CHECK IF CHECKING ACCOUNT IS SELECTED. PLEASE ATTACH A LETTER FROM YOUR BANK VERIFYING TRANSIT/ABA NO. & ACCOUNT IF SAVINGS ACCOUNT IS SELECTED.