

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

B.	Name		(Area Code) Telephone	
	Address	City	State	Zip Code

A.	Financial Institution Name													
	Address	City	State	Zip Code										
B.	Type of Account	Checking	Savings											
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	Transit Routing/ABA Number													
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	Account Number at Above Institution													

By signature below authorization is granted to Lynchburg-Clay Local School District's Accounting Office to initiate credit and or debit entries to our account in the financial institution(s) identified above. We additionally authorize the financial institution to credit or debit the same to our account.

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

Applicant Signature

Date