

Margaretta Local Schools
305 S. Washington St.
Castalia, OH 44824



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize the Treasurer of the Margaretta Local Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository names below, to credit and/or debit the same to such account.

Name and Address of
Financial Institution: _____

9-Digit Routing* # _____ Account #: _____

Type of Account: Checking Savings Amount: \$ _____ or _____ %**

Name and Address of
Financial Institution: _____

9-Digit Routing* # _____ Account #: _____

Type of Account: Checking Savings Amount: \$ _____ or _____ %**

This authority is to remain in full force until the Margaretta Local Schools has received written notification from me of its termination, in such a timely manner, as to afford the Margaretta Local Schools, and my financial institution a reasonable opportunity to act on it.

Employee Name: _____ SS# _____

Signature: _____ Date: _____

Signature: _____ Date: _____

*The 9-Digit routing number appears at the bottom of a check or deposit slip.

**Percentage must add up to 100%

Please submit a bank deposit slip with this completed form.