

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT GIBSONBURG EXEMPTED VILLAGE SCHOOLS

I hereby authorize the Gibsonburg Exempted Village Schools hereinafter referred to as DISTRICT, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below.

Financial Institution Name	Routing/Transit/ABA No.***	Account Number	Account Type
1 _____ _____ %	OR	_____	___Checking___Savings
		\$ _____	Amount
2 _____ _____ %	OR	_____	___Checking___Savings
		\$ _____	Amount
3 _____ _____ %	OR	_____	___Checking___Savings
		\$ _____	Amount

This authority is to remain in full force until the DISTRICT has received WRITTEN notification from me of its termination.

Name (Please Print): _____

Date: _____

Social Security #: _____

Email address: _____

Signature: _____

*** Your Routing / Transit / ABA No. is the first series of 9 digits at the bottom of your personal check. Ohio banking institutions usually begin with the numbers 04 and Ohio credit unions usually begin with the numbers 24.