

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I (*we*) hereby authorize Red Bud CUSD #132 to initiate credit entries to my (*our*) _____ checking account OR _____ savings account. I (*we*) acknowledge that the origination of ACH transactions to my (*our*) account must comply with the provisions of U.S. law.

Please fill in the information below to indicate your depository bank's name and routing number and your account number (or attach a voided check).

Financial Institution _____

City _____ State _____ Zip _____

Financial Institution's Routing Number _____

Account Number _____

Percentage to be Deposited: _____

Financial Institution _____

City _____ State _____ Zip _____

Financial Institution's Routing Number _____

Account Number _____

Percentage to be Deposited: _____

This authorization is to remain in force until Red Bud CUSD #132 has received written notification from me (*or either of us*) of its termination in such time and in such manner as to afford Red Bud CUSD #132 and the depository financial institution a reasonable opportunity to act on it.

Name(s) _____
(Please Print)

Signature(s) _____

Date _____