

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT**  
Winthrop Harbor School District No. 1

I hereby authorize the Winthrop Harbor School District No. 1 to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking/savings account as indicated below and the financial institution named below to credit and/or debit the same to said account. **Please write VOID on a check from the account indicated below and attach to the upper right hand corner of this form.**

**NAME OF FINANCIAL INSTITUTION** \_\_\_\_\_

**ADDRESS OR BRANCH** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_

**ABA/TRANSIT NUMBER** \_\_\_\_\_

**ACCT NUMBER** \_\_\_\_\_

**ACCOUNT DISTRIBUTION:    CHECKING** \_\_\_\_\_ **SAVINGS** \_\_\_\_\_  
*Please enter the dollar amount or percentage per check to deposit into each account*

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

**NAME:** \_\_\_\_\_  
(PLEASE PRINT)

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_