

ACH PREAUTHORIZED PAYMENT AUTHORIZATION AGREEMENT

I (we) hereby authorize **Lansdowne Elementary School**, hereinafter called COMPANY, to initiate debit entries to the account listed below. I understand that, if necessary, credit entries and adjustments for any debit entry in error may be made to my account in relation to such debit entries.

This authorization will remain in effect until Lansdowne Elementary School (COMPANY) has received written notification from me at least 30 days prior to the next scheduled deposit date.

Please Print:

Client/Company Name: _____

Financial Institution: _____

Routing Number: _____

Account Number: _____

Account Type: Checking Savings

Attached a voided check for verification of routing number and account number.

Authorized Signature

Date

Company must retain copy of authorization to be produced upon originating or receiving banks request.