

CREDIT/DEBIT AUTHORIZATION FORM

I hereby authorize Lake Wales Charter Schools, Inc. to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error.

This authority will remain in effect until Lake Wales Charter Schools, Inc. is notified by me in writing to cancel authorization in such time as to afford Lake Wales Charter Schools, Inc. and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State & Zip)

(Employee Name)

(Employee Number)

(Employee Address)

Set Amount: _____ Maximum Amount: _____

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____

(Look between these symbols I: : I on the bottom left of your check)

(Authorized Signature)

(Date)

**ATTACH A VOIDED CHECK TO THIS FORM
OR
BANK FURNISHED DIRECT DEPOSIT INFORMATIONAL LETTER**