

**LIBERTY CENTER LOCAL BOARD OF EDUCATION  
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)**

**EMPLOYEE NAME** \_\_\_\_\_

I hereby authorize LIBERTY CENTER LOCAL BOARD OF EDUCATION (EMPLOYER) 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	*TRANSIT/ABA NO.	ACCOUNT NO.	TYPE OF ACCOUNT	
1. _____	_____	_____	CHK	SAV
LOCATION _____	** % _____	AMOUNT _____		
2. _____	_____	_____	CHK	SAV
LOCATION _____	** % _____	AMOUNT _____		
3. _____	_____	_____	CHK	SAV
LOCATION _____	** % _____	AMOUNT _____		

---

The authority is to remain in full force until EMPLOYER has received written notification from me of its termination in such timely manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NAME \_\_\_\_\_ SS # \_\_\_\_\_  
(Please Print)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

- Nine digit number that appears on the bottom of a check or deposit slip. Please attach a canceled check or a deposit slip so transit routing number can be verified, which identifies a specific financial institution, and the employee's account number. It is critical that this information is correct so the money will be deposited in the correct account number at the appropriate bank.

EMAIL ADDRESS \_\_\_\_\_