1.   LIST <u>ALL</u> ACCOUNTS AND AMOUNTS TO BE DEPOSITED IN EACH
2.   (NEW ACCOUNT INFORMATION) IS YOUR ACCOUNT CHECKING OR SAVINGS?
3.   DATE THE FORM
4.   SIGN THE FORM
5.   ATTACH A CHECK ON WHICH YOU HAVE MARKED VOID

(1)

Bank Name	Account Number	Account Type (Checking or Savings)	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(2)

AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSITS (ACH CREDITS)

COMPANY
NAME <u>PEMISCOT COUNTY SPECIAL SCHOOL</u>

COMPANY
ID # <u>081504855</u>

I hereby authorize <u>PEMISCOT COUNTY SPECIAL DISTRICT</u>, hereinafter called COMPANY, to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries error to my _____Checking _____Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY
NAME_____ BRANCH_____

CITY_____ STATE_____ ZIP_____

TRANSIT/ABA NO._____ACCOUNT #_____

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

NAME (S)_____ SS#_____

(3) DATE_____SIGNATURE_____ **(4)**

(5) STAPLE CHECK HERE

YOU MUST HAVE AN ACTUAL VOID CHECK WITH THE ROUTING NUMBER AND ACCOUNT NUMBER ATTACHED