

Clayton Ridge Community School District

Direct Debit Authorization Agreement

I (we) hereby authorize Clayton Ridge Community School District, hereinafter called Company, to initiate debit entries to my (our) checking account indicated below at the depository financial institution named below, hereinafter called Depository, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I(we) understand that the debit amount indicated below will be deducted from my (our) account on (check one):

_____ the 1st day and the 15th day of each month of September, 2012 through May, 2013

_____ the 1st day of each month, September, 2012 through May, 2013

_____ the 15th day of each month, September, 2012 through May, 2013

Depository (Bank) Name _____ Branch _____

City, State, Zip _____

Routing Number _____ Account Number _____

Type of Account [] Checking

Debit Amount \$ _____

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Signature _____ Date _____

Name (printed) _____