



EAST VALLEY SCHOOL DISTRICT NO. 361

AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSITS

I HEREBY AUTHORIZE, East Valley School District, herein after referred to as "School District," to initiate credit entries to my account indicated below:

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other: _____
Financial Institution Type:	<input type="checkbox"/> Credit Union	<input type="checkbox"/> Bank	<input type="checkbox"/> Other: _____
Financial Institution Name:	_____		
Routing No.	_____	Account No.	_____

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

Print Name _____ SSN _____
Signature _____ Date _____

Please attach a voided check and/or documentation from your financial institution to confirm your account information.