

Direct Deposit Authorization (ACH Credits)

COMPANY NAME Campbellsville Board of Education COMPANY ID # 61-6001031

I hereby authorize Campbellsville Board of Education, hereinafter called COMPANY, to initiate credit entries to my checking account indicated below at the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING # _____ ACCOUNT # _____

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.

NAME _____ ID # _____
(Please Print)

SIGNED _____ DATE _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.