

**MARGARETTA LOCAL SCHOOLS  
305 SOUTH WASHINGTON STREET  
CASTALIA, OH 44824**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

I hereby authorize the treasurer of the Margaretta Local Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository names below, to credit and/or debit the same to such account.

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Financial Institution Name      \*Transit/ABA No.      Account No.      Type of Account  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       CHK.    SAV.

Address \_\_\_\_\_      \*\*Percent \_\_\_\_\_      Fixed Amt. \_\_\_\_\_

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Financial Institution Name      \*Transit/ABA No.      Account No.      Type of Account  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       CHK.    SAV.

Address \_\_\_\_\_      \*\*Percent \_\_\_\_\_      Fixed Amt. \_\_\_\_\_

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This authority is to remain in full force until the Margaretta Local Schools has received written notification from me of its termination, in such a timely manner, as to afford the Margaretta Local Schools, and my financial institution a reasonable opportunity to act on it.

Name: \_\_\_\_\_      Social Security#: \_\_\_\_\_

Date: \_\_\_\_\_      Signature: \_\_\_\_\_

Date: \_\_\_\_\_      Signature: \_\_\_\_\_

\* Nine digit number that appears on the bottom of a check or deposit slip.

\*\*Percentage must add up to 100%

**Please submit a bank deposit slip with this completed form.**