

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)**

Company Name Perquimans County Board of Education

I hereby authorize Perquimans County Board of Education hereinafter called COMPANY, to initiate credit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my **Checking** [  ] **Savings** [  ] account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit (or debit) the same to such account.

Depository Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_

Bank Transit/ABA No. \_\_\_\_\_  
(first series of numbers at the bottom of your check)

Account No. \_\_\_\_\_

Attach a check here for the account listed above – we will not process without this check

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 a reasonable opportunity to act on it.

Name \_\_\_\_\_ SS# \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_