

"United Are We In Empowering Our Students"

Corporation Office: 2390 S County Rd 450 W, Frankfort, IN 46041

PH: 765-659-1339 / FX: 765-659-5305

www.clintonprairie.com



DIRECT DEPOSIT
AUTHORIZATION AGREEMENT

First Name: _____ Address: _____
Middle Name: _____ City: _____ State: _____ Zip: _____
Last Name: _____ Phone: _____ - _____ - _____

I (We) hereby authorize Clinton Prairie School Corporation, hereinafter called COMPANY, to credit entries or debit corrections to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANACIAL INSITITUTION, to credit/debit same to such account. I (We) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws.

Bank Name: _____
Bank Account #: _____ Checking: _____ OR Savings: _____
ABA/Routing #: _____

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Name

_____/_____/_____
Date

Signature