



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

Company: Southwest Licking Local S.D. Company ID: 31-6402466

I hereby authorize SWLLSD, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary any debit entries and adjustments for any credit entries in error to my CHECKING and/ or SAVINGS account (circle one) indicated below and the financial institution stated below, to credit and/or debit the same to such account.

Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing number: \_\_\_\_\_ Account number: \_\_\_\_\_

Amount: \_\_\_\_\_

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 and the financial institution a reasonable opportunity to act on it.

Print employee name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

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

**A VOIDED CHECK OR SAVING DEPOSIT TICKET MUST BE ATTACHED FOR THE  
ACCOUNT YOU WISH TO DEPOSIT YOUR PAYCHECK**



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