

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

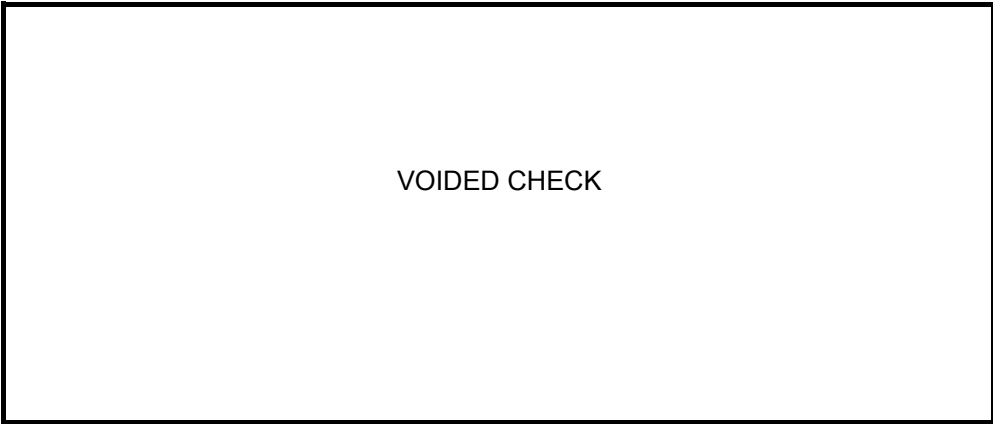
(ACH CREDITS)

COMPANY NAME: ANN ARBOR PUBLIC SCHOOLS  
COMPANY I.D. NO: 3018

I hereby authorize the HURON RIVER AREA CREDIT UNION to initiate deposit entries and if necessary, adjustments (debit or credit) to deposit entries made in error to my checking and/or savings account indicated below and the bank named below to credit and/or debit the same such account.

**PLEASE ATTACH A VOIDED CHECK.....NOT A DEPOSIT SLIP**

PLEASE  
STAPLE  
HERE



BANK NAME: \_\_\_\_\_ CHECKING \_\_\_ OR SAVINGS \_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSIT/ABA NO: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

This authority is to remain in full force and effect until the ANN ARBOR PUBLIC SCHOOLS PAYROLL DEPT. has received written notification from me of its termination.

EMPLOYEE NAME: \_\_\_\_\_  
**Please Print**

SOC. SEC. # \_\_\_\_\_ EMPLOYEE ID # \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**This request will go into effect two pay checks from the date received.**