

MATTAWAN CONSOLIDATED SCHOOLS

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

IF YOU WOULD LIKE YOUR PAYMENTS TO BE DIRECTLY DEPOSITED INTO YOUR BANK ACCOUNT, PLEASE FILL OUT THE FOLLOWING INFORMATION AND SUBMIT TO OUR BUSINESS OFFICE. YOU MAY ALSO SUBMIT A VOIDED CHECK. WHEN WE RECEIVE YOUR BILLING, WE WILL ENTER A BATCH WHICH WILL ACH THE PAYMENT DIRECTLY TO YOUR ACCOUNT AND EMAIL THE COPY OF THE PAYMENT TO YOUR COMPANY.

Company Name _____ V# _____
MCS use only

Federal Tax ID (FEIN or Soc Sec#) _____

I (we) hereby authorize Mattawan Consolidated Schools to initiate credit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____

Routing Number _____ Account Number _____

Email for payment copy _____

This authorization is to remain in full force and effect until Mattawan Consolidated Schools has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Mattawan Consolidated Schools and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____
(Please Print)

Date _____ Signature _____