

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT ACH CREDITS

I, _____ hereby authorize Porter County Education Services to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the depository named below, to credit and/or debit the same to such account.

IMPORTANT: IT IS NECESSARY FOR YOU TO VERIFY YOUR TRANSIT NUMBER AND/OR ACCOUNT NUMBER WITH YOUR BANK AS INTERNAL NUMBERS DO NOT NECESSARILY APPEAR ON YOUR CHECKS/DEPOSIT SLIPS.

<p>PRIMARY ACCOUNT (CHOOSE ONLY ONE)</p> <p>Bank Name _____</p> <p>Transit/Routing # _____</p> <p>Checking Account # _____</p> <p>Savings Account # _____</p>
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<p>ADDITIONAL ACCOUNT (CHOOSE ONLY ONE)</p> <p>Bank Name _____</p> <p>Transit/Routing # _____</p> <p>\$ _____ Checking Account # _____</p> <p>\$ _____ Savings Account # _____</p>

<p>ADDITIONAL ACCOUNT (CHOOSE ONLY ONE)</p> <p>Bank Name _____</p> <p>Transit/Routing # _____</p> <p>\$ _____ Checking Account # _____</p> <p>\$ _____ Savings Account # _____</p>

This authority is to remain in full force and effect until Porter County Education Services has received written notification from me of its termination in such time and in such manner as to afford Porter County Education Services and my Bank a reasonable opportunity to act on it.

By providing your email address above, you authorize PCES to deliver your Direct Deposit Advice via email and you will no longer receive a paper notice at your home address.

Signature

Date