

**MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 41  
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS  
(ACH CREDITS)**

I hereby authorize M.S.A.D. #41 to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account

Savings Account

indicated below and the depository names below to credit and/or debit the same to such account.

Employee Name \_\_\_\_\_ Account Number \_\_\_\_\_

Bank or Credit Union Name \_\_\_\_\_ Bank or Credit Union Location \_\_\_\_\_

Amount to Deposit \_\_\_\_\_

This authority is to remain in full force and effect until M.S.A.D. #41 has received written notification from me of its termination in such time and in such manner as to afford M.S.A.D.#41 and the named depository a reasonable opportunity to act on it.

Signature \_\_\_\_\_ Date \_\_\_\_\_