

**Two Rivers State Bank
Credit Authorization**

I (we) hereby authorize Arlington Public Schools hereinafter called COMPANY, to initiate credit entries for deposit to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, 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.

(Financial Institution Name)

(Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: _____ Checking _____ Savings

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

(Print Individual Name)

(Signature)

(Social Security Number)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!

Direct Deposit will not take effect until you provide us with a voided check.

Please Note: The first month of direct deposit availability you will receive a check and only a test deposit for zero dollars will be sent to your account. Upon the completion of a successful test, subsequent checks will be direct deposited for you.

If you close or change your account you must notify Arlington Public Schools in writing immediately.