

**AUTHORIZATION AGREEMENT FOR  
AUTOMATIC DEPOSITS**

I (we) hereby authorize Winchester Public Schools, hereinafter called COMPANY,  
to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any  
credit entries in error to my (our)

\_\_\_\_\_Checking Account\_\_\_\_\_Amount                      \_\_\_\_\_Savings Account \_\_\_\_\_Amount

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**Bank Name** **Branch**

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**City** **State** **Zip**

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

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**Name (please print)** **Social Security Number**

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**Birth date** **Workplace** **Position**

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**Signature** **Date**

**Attach voided check here for checking account OR  
a deposit ticket for savings account.**

**THIS IS REQUIRED!**

**DO NOT SEND A DEPOSIT TICKET IF USING A CHECKING ACCOUNT**