

Authorization Agreement for Direct Deposits
(ACH Credits)

Employer: Saint Stephen's Episcopal School

Tax ID No: 59-1301635

I hereby authorize Saint Stephen's Episcopal School to initiate credit entries and/or correction entries to my **checking account** indicated below at the depository named below in order to credit the same such account.

Depository (Bank or Credit Union): _____

Bank Transit / ABA Routing Number: _____

Account Number: _____

In order to verify these details I attach a voided check hereto.

This authorization is to remain in force until Saint Stephen's Episcopal School has received written notification from me of its termination in such time and in such manner as to afford Saint Stephen's Episcopal School and the depository reasonable opportunity to act upon it.

Signature: _____

Full Name: _____

Social Security No: _____

Date: _____