

Credit Authorization Form

I hereby authorize North Harrison Community School Corporation to initiate a CREDIT entry to my checking/savings account at the Financial Institution indicated below. This authority will remain in effect until the North Harrison Community School Corporation is notified by me in writing to cancel it in such time as to afford the North Harrison Community School Corporation and the Financial Institution a reasonable opportunity to act on it.

Name of Financial Institution

Location (City, State)

Financial Institution's Routing Transit Number
(Look between symbols "1: 1:" on your check)

Customer/Employee Signature

Date

Customer/Employee Name (Please Print)

Checking Account # _____

Amount _____

Savings Account # _____

Amount _____

Please Attach a Copy of a Voided Blank Check or Canceled Check