## **DIRECT DEPOSIT AUTHORIZATION**

(Deposit to another Financial Institution)

I (We) hereby authorize <u>Cardinal Community School District</u>, hereinafter called COMPANY, to initiate credit entries for deposit or transfer to the account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. <u>I (We) acknowledge that the origination of ACH transactions to the account listed below must comply with the provisions of U.S. law.</u>

(Financial Institution Name #1 (Address)			(Branch)			
		(C	(City/State)		(Zip)	
(Routing #)	(Account #)	Type of Acct: _	_Checking _	Savings	Amount:	
(Financial Institution Name #2			(Branch)			
(Address)		(City/State)			(Zip)	
(Routing #)	(Account #)	Type of Acct: _	_Checking	Savings	Amount:	
(Financial Institution Name #3			(Branch)			
(Address)		(C	tity/State)		(Zip)	
(Routing #)	(Account #)	Type of Acct:	Checking	_Savings	Amount:	
	emain in full force and effect ι time and manner as to afforc					
(Print Individual Name)		(Individual's S	(Individual's Signature)		(Date)	
	COPY OF VOIDED CHE OCESSED UNTIL WE H		KET TO THIS	FORM-TH	E DIRECT DEPOSIT	

Notes:

All written credit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization. Single-entry reversals do not require authorization by the receiver. Therefore, previously recommended language regarding the initiation of possible debit entries is no longer stated in the authorization.

The underlined language in the authorization above represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.