

Priority Charter Schools

/ ___ /CCA / ___ /GCA / ___ /CPCA / ___ /TCA / ___ /Adm

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

Name _____ PLEASE PRINT _____
Last First Middle

I hereby authorize Priority Charter Schools to initiate credit to my account(s) and financial institution(s) names below:

Primary Account: () Checking () Saving

Financial Institute _____

_____ Bank Routing Number Account Number _____

Name on Account _____

Secondary Account: () Checking () Saving

Amount to be credited to secondary Account \$ _____ remainder credited to Primary Acct

Financial Institute _____

_____ Bank Routing Number Account Number _____

Name on Account _____

***Attach a VOIDED CHECK, a copy of a bank card or a form from your banking institution that shows account number and routing number
Mark each form as "Primary" or "Secondary".
Mark each form as "Checking" or "Savings".***

Automatic Deposits will not start until one of the forms of backup information listed above is received.

Signature

Date