

Mount Carmel Area School District

Credit Authorization  
(To Single Account)

I (we) hereby authorize (Union National Bank), hereinafter called COMPANY, to initiate credit entries for \_\_\_\_\_ to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. (I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City/State) (Zip Code)

\_\_\_\_\_  
(Routing Number) (Account Number) Type of Acct: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Amount: \_\_\_\_\_ Frequency of transaction: \_\_\_\_\_

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

\_\_\_\_\_  
(Print Individual Name) (Signature)

\_\_\_\_\_  
(Print Individual ID Number) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!