

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
SHORELINE SCHOOL DISTRICT**

Name: _____ Phone #: _____
First Name (Please Print) Last Name

Child's Name: _____ School: _____
First Name (Please Print) Last Name

Amount: _____ Email: _____

I (we) hereby authorize **Shoreline School District**, hereinafter called District, to initiate debit entries to (select one) my (our) Checking Account / Savings Account indicated at the depository financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

NAME OF FINANCIAL INSTITUTION: _____

ROUTING ACCOUNT
NUMBER: _____ NUMBER: _____

This authorization is to remain in full force and effect until the District receives written notification from me (or either of us) of its termination in such time, and in such manner, as to afford the District and the Financial Institution a reasonable opportunity to act on it. **A new form must be completed each school year. If you need to cancel we require 30 days prior to your next schedule withdraw to you cancel your auto withdrawal.**

Date: _____ Signature: _____

NOTE: DEBT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please attach a **VOIDED CHECK** here.

SEND COMPLETED FORM TO:
SHORELINE SCHOOL DISTRICT
ATTN: BETTY HUMPREYS
18560 – 1ST AVENUE NE
SHORELINE, WA 98155

**The first withdrawal will be
30-60 DAYS AFTER RECEIPT OF THIS FORM
YOUR CHILDCARE EMAIL WILL SHOW
THE ACTUAL WITHDRAWAL DATE
This information is kept confidential.**