

AUTHORIZATION AGREEMENT FOR ACH DEBITS/CREDITS

I, the undersigned participant in a direct deposit program, hereby authorize Chatham School House (hereinafter called **COMPANY**) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below at the bank or other financial institution named below (hereinafter called **BANK**) to credit and/or debit the same to such account.

This authority is to remain in full effect until **COMPANY** has received written notification from me of its termination in such time and in such manner as to afford **COMPANY** or **BANK** a reasonable opportunity to act on it, or until **COMPANY** has sent me ten (10) day written notice of **COMPANY** termination of this arrangement.

PARTICIPANT INFORMATION

NAME: Please type or print BY: Participant's Signature
Emp. ID #: DATE:

BANK ACCOUNT INFORMATION
(Attach copy of voided check)

Bank Name: Bank Account #:
Bank 9-digit ABA Transit Routing #: [] Checking **OR** [] Savings

COMPANY INFORMATION

Company Name: The Chatham School House LLC Company Tax ID #: 474415570

Attach
voided
check
here

Jane M. Doe 101 John P. Doe 2020 Main Street Anywhere, PA 12345-6789	60-142 313 <u>DATE</u> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> <u>DOLLARS</u>
PAY TO THE ORDER OF	

MEMO

:031301422: 4321 98765 101

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Bank 9-digit ABA Transit
Routing Number

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Account Number