Priority Charter Schools

/____/CCA /_____/GCA /_____/ KCA /____/ 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 accounts(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 for checking accounts and/or
BANK NOTICE for saving accounts here.
Mark each form as "Primary" or "Secondary".

Automatic Deposits will not start until a voided check or bank notice is received.

_____ _____

Signature Date

July 2014