AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

Gateway School District 9000 Gateway Campus Blvd. Monroeville, PA 15146		EIN:	25-6008337	
I hereby authorize Gateway School District to deposit any amount owed to me by initiating credit entries to my account at the Financial Institution indicated below. Further, I authorize my Bank to accept and to credit any credit entries initiated by Gateway to my account. In the event that Gateway deposits funds erroneously into my account, I authorized Gateway to debit my account for an amount not to exceed the original amount of the credit.				
	Individual's Bank Account Number (check one)			
Bank Name:City:State:	☐ Checking		\$	
	□ Savings		\$	
This authorization is to remain in effect until Gateway and/or Ban Gateway and/or Bank a reasonable opportunity to act on it. Individual's Name (please print)		n me of its		
Signature Date	Routin	g Number		

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