

F & M ADVANTAGE

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Fruitland School District #373 to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until Fruitland School District #373 is notified by me (us) in writing to cancel it in such time as to afford Fruitland School District #373 and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name of Financial Institution

Address of Financial Institution – Branch, City, State & Zip

Signature

Date

Name – PLEASE PRINT

Address – PLEASE PRINT

Amount to be deposited into SAVINGS account _____

Savings Account Number: _____

Amount to be deposited into CHECKING account _____

****NOTE**** You do not necessarily need to put a specific dollar amount in this blank. If you would like your entire check to go into your checking account, just state that in this blank.

Checking Account Number: _____

Financial Institution Routing Number: _____

****YOU MUST ATTACH A VOIDED CHECK WITH THIS FORM****