

**Ripon Area School District  
Credit/Debit Authorization Form**

I hereby authorize Ripon Area School District to initiate a credit entry to my checking/savings account at the financial institution indicated below, and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until Ripon Area School District is notified by me in writing to cancel it in such time as to afford reasonable opportunity to act on it.

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
City, State

1. Financial Institution routing number: \_\_\_\_\_

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (print)

2. Checking Account number: \_\_\_\_\_

OR

Savings Account number: \_\_\_\_\_

Please attach a ONE:   Voided check or copy of check for checking account.  
                                  Deposit slip for savings account.

The diagram shows a check with the following fields and labels:

- Your Name** and **Your Address** at the top left.
- 1001** at the top right.
- DATE** with a line for the date.
- PAY TO THE ORDER OF** with a line for the payee.
- \$** and a box for the amount.
- DOLLARS** below the amount box.
- Your Bank Name** below the payee line.
- MEMO** with a line for the memo.
- 123456789** (9 Digit Routing Number) with label **1.**
- 0000987654321** (Your Account Number) with label **2.**
- 1001** (Check Number) with label **Check Number**.