

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED DEPOSITS

Between

CHILD NUTRITION SERVICES

829 West Court St. Ste. 4

Beatrice, NE 68310

and

Name _____

Address _____

FINANCIAL INSTITUTION

Bank Name _____

City _____ State _____ Zip _____

Route Transit Number (ABA) _____

Account Number _____ Checking / Savings
(circle one)

- I hereby authorize **Child Nutrition Services** to initiate direct deposit credit entries to my bank account as indicated and the Financial Institution above to post to the same such account.
- This authorization is to remain in force until **Child Nutrition Services** receives notice of cancellation from me. The notice of cancellation must be received at least 30 days prior to cancellation and in such manner as to afford **Child Nutrition Services** a reason able opportunity to act on it and in no event shall it be effective with respect to entries processed by the company prior to the receipt of the notice of cancellation.
- All entries initiate hereunder are to be governed in all respects by the rule of the Mid-American Payment Exchanges as now or hereafter in effect.

Provider Signature _____ Date _____

ATTACH VOIDED CHECK HERE