

ACH Direct Deposit Agreement Form

THIS AGREEMENT IS MADE THIS ____ DAY OF _____, between Payforit.net a product of QSP, LLC. (referred to in this agreement as “we” or “us”), a Virginia corporation, of 2442 New Dorset Circle, Powhatan, Virginia 23139 and _____, referred to in this Agreement as “you”), of _____.

_____ authorizes **Payforit.net** to initiate automatic deposits to the school district account at the financial institution named below. I also authorize **Payforit.net** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Payforit.net** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Payforit.net** receives a written notice of cancellation from the district.

Name of Financial
Institution: _____

Routing
Number: _____

Account
Number: _____

Checking

Authorized Signature
(Primary): _____

Date: _____

Title: _____

Please attach a voided check or deposit slip and return this form.

Please Return to:

**Esber Cash Register
4376 Kirby Ave NE
Canton, Ohio 44705
330-455-7888
330-455-9009 Fax**