

SCHOOL EMPLOYERS TRUST
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS) OF SELF-FUNDED INVOICES

School Name: _____ School Code: _____

I (we) hereby authorize School Employers Trust, hereinafter called SET, to initiate debit entries to my (our) Checking Account or Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to (our) account must comply with the provisions of the U.S. law.

Depository Name: _____

Branch: _____

City: _____

Routing Number: _____

Account Number: _____

This form is to remain in full force and effect until SET has received notification from me (or us) of its termination or modification in such time and in such manner to afford SET and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____

Date: _____

Signature(s) _____

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGNATION IN THE MANNER SPECIFIED IN THE AUTHORIZATION.