



**Authorization Agreement**

I hereby authorize Wolfe Diversified LLC. (d.b.a. ESC Promotions) to initiate automatic deposits to my schools account at the financial institution named below. I also authorize Wolfe Diversified LLC. (d.b.a. ESC Promotions) to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Wolfe Diversified LLC. (d.b.a. ESC Promotions) 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 schools account.

This agreement will remain in effect until Wolfe Diversified LLC. (d.b.a. ESC Promotions) receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

**School Information**

Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Job Title \_\_\_\_\_ E-Mail \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Account Information**

Deposit Type                      Check                      Direct Deposit

                    

Routing Transit Number \_\_\_\_\_

Account Number \_\_\_\_\_                      Checking                      Savings

                    

Account Title \_\_\_\_\_

Financial Institution aName \_\_\_\_\_

Deposit Frequency                      Weekly                      Bi-Weekly                      Monthly

                                          

**Authorization**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please attach a voided check or deposit slip and return this form to ESC Promotions*

