

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

School District 145 - Waverly

I authorize School District 145 to initiate credit entries to my checking/savings account indicated below.

Bank Name: _____
Account Number: _____ Select one:
City: _____

Disclosure

This authority is to remain in full force and effect until School District 145 has received written notification from me, 30 days prior to termination and in such manner as to afford School District 145 a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by School District 145 prior to receipt of notice of termination.

I further authorize School District 145 to initiate such debit entries to said account as may be necessary to correct any erroneous credit entries previously initiated thereto. I authorize the bank to accept and to credit or debit the amount of such entries to my account.

Employee Signature: _____ Date: _____

Please attach a voided check and return to the Central Office.