

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

***(Please note that direct deposit takes one payroll cycle to be in effect,
and the first check after this request will be a physical check.)***

COMPANY NAME: Minooka Community High School District 111

I (we) hereby authorize Minooka Community High School District 111, hereinafter called COMPANY, to initiate credit entries to my (our) () Checking () Savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.

DEPOSITORY NAME: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

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

NAME(S): _____ SSN: _____
(PLEASE PRINT)

DATE: _____ SIGNED: _____

PLEASE ATTACH VOIDED CHECK

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.