

Ross-Pike County Educational Service District

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the Ross-Pike County Educational Service District hereinafter called District, to initiate electronic transfer entries to my bank accounts indicated below and the Financial Institution named below to credit and/or debit the same to such account.

Checking Account #: _____ Routing #: _____

Financial Institution: _____

Address: _____ Phone Number: _____

AND/OR

Savings Account #: _____ Routing #: _____

Financial Institution: _____

Address: _____ Phone Number: _____

PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION

I have verified that the routing/transit number and account number are valid and correct.

This authority is to remain in full force and in effect until the District has received written notification from me of it's termination in such time and in such manner as to afford the District a reasonable opportunity to act.

Employee Name: _____

Employee Signature: _____ Date: _____

100% of your pay will go into your account listed above on payday. However, you can designate part of your pay to go directly to your savings account by listing a percentage or fixed dollar amount below:

Checking: _____

Savings: _____