

**DIRECT DEPOSIT
AUTHORIZATION AGREEMENT**

I authorize South Pike School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereafter called DEPOSITORY, to credit and debit the same entries to such account.

Bank Name _____

City _____ State _____ Account No. _____

School or Location _____

Checking _____ Savings _____

This authorization is to remain in full force and effect until South Pike School District has received written notification from me termination direct deposit, at such time and in a manner as to afford South Pike School District a reasonable time to act.

Name (print) _____ Social Security No. _____

Signature _____ Date _____

*NOTE Attach a voided blank check or savings account deposit slip to validate account information.

Attach voided blank check or deposit slip here.

When changes are made to your banking account number YOU are responsible for notifying the District.

When you terminate employment with our District, you last check will be taken off of direct deposit.