AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS

EMPLOYEE INFORMATION

Employee Name: _____ Phone: _____

Name as it appears on checking/savings account: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____

FINANCIAL INSTITUTION INFORMATION

Financial Institution name: _____

Branch name: _____

Address: _____

Bank phone number: _____

Account type: Checking _____ Savings _____

Routing #: _____ Account #: _____

(Attach a copy of a voided check or savings deposit ticket)

Is this account a change from current account information? (check one) Yes _____ No _____

AUTHORIZATION

I hereby authorize the Luxemburg-Casco School District to deposit my payroll earnings into the account listed above and, if necessary, debit entries or adjustments for any deposits made in error to my (our) account. This authority is to remain in full force and effect until written notice from me has been received by the District in such a manner as to afford reasonable time to act on it.

Date: _____ Signature: _____