

ARDMORE CITY SCHOOLS

AUTHORIZATION AGREEMENT FOR DIRECT (AUTOMATIC) DEPOSITS

I, _____, hereby authorize **Ardmore City Schools** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account (select below) **for the specific purpose of directly depositing my "NET PAYROLL CHECK" to the following account:**

_____ Checking Account

_____ Savings Account

The above account is with the bank/credit union named below:

Bank/Credit Union Name: _____

City: _____ State: _____ Zip Code: _____

Routing (Transit/ABA) Number: _____

Account Number: _____

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I, _____, hereby authorize **Ardmore City Schools** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account (select below) **for the specific purpose of a "DEDUCTION FROM MY GROSS PAY" to the following account:**

_____ Checking Account

_____ Savings Account

The above account is with the bank/credit union named below:

Bank/Credit Union Name: _____

City: _____ State: _____ Zip Code: _____

Routing (Transit/ABA) Number: _____

Account Number: _____

This authority is to remain in full force and effect until **Ardmore City Schools** has received written notification from me of its termination in such time and in such manner as to afford **Ardmore City Schools** and **Depository** a reasonable opportunity to act on it.

Name (please print): _____

Signature: _____

Date: _____