

AUTHORIZATION AGREEMENT  
FOR  
PAYROLL DIRECT DEPOSIT

I hereby authorize the Southeastern Local Board of Education, hereinafter called DISTRICT, to initiate electronic entries in my:

(select one) \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Account indicated below, and the Financial Institution named below to credit and/or debit the same to such account.

FINANCIAL INSTITUTION NAME \_\_\_\_\_

CITY, STATE \_\_\_\_\_

ROUTING/TRANSIT NUMBER \_\_\_\_\_

(ACH number of Financial Institution)

ACCOUNT NUMBER \_\_\_\_\_

This authority is to remain in full force and effect until the District has received written notification from me to its termination in such time and in such manner as to afford the DISTRICT and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NAME \_\_\_\_\_ SSN \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please attach a voided personal check (checking account) and/or a copy of a deposit slip (savings account).