

AUTHORIZATION FORM FOR DIRECT DEPOSIT

Conotton Valley Union Local School District

ID # 34-6608627

I hereby authorize Conotton Valley Schools, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking and/or savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account or accounts.

CHECK ONE: ___ New ___ Change ___ Cancel

Employee Name (please print/type) _____

***** A CANCELLED OR VOIDED CHECK MUST ACCOMPANY EACH AUTHORIZATION OR THIS FORM WILL BE RETURNED *****

1. Depository Name: _____ Branch: _____
City: _____ State: _____ Zip: _____
Routing Transit Number: _____ Checking ___ Savings ___
Account Number: _____

2. Depository Name: _____ Branch: _____
City: _____ State: _____ Zip: _____
Routing Transit Number: _____ Checking ___ Savings ___
Account Number: _____

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

Employee Signature _____ SS#: _____ - _____ - _____

Spouse's Signature _____ SS# _____ - _____ - _____
(If joint account)

Date Signed: _____

*Email Address: _____

*Your direct deposit notice (check stub) will be emailed to you if you fill in the email address portion. You will NOT receive a paper copy of your check stub.

Office Use Only: Date Received: _____