

AUTHORIZATION AGREEMENT
FOR
AUTOMATIC DEPOSIT (ACH CREDIT)

Employer: Warner Public Schools

I hereby authorize my employer to deposit all my earnings (net of legitimate deductions and authorized withholdings) directly in my account in the financial institution indicated below. I also authorize my employer to make subtractions from or additions to any earnings deposits as are necessary to correct previous deposits subsequently found to be in error. In addition, I authorize the below-named financial institution to receive such earnings deposits for credits to my checking/savings account specified.

Bank #1 will be your primary account. This is the account where you payroll check will be deposited minus any funds you want deposited to another account. If you would like a deposit made to a savings or other account you will use the Bank line #2.

1. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

☐Checking ☐ Savings

☐I wish to deposit: \$ _____.____ or

2. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

☐Checking ☐ Savings

☐I wish to deposit: \$ _____.____ or

This authorization shall remain in full force and effect until my employer has received written notification from me of its termination in such time and in such manner as to afford my employer and financial institution a reasonable opportunity to act on it.

Signature_____ Date_____

ATTACH VOIDED DEPOSIT SLIP AND FORWARD TO PAYROLL