***THIS IS REQUIRED AS PER BOARD & STATE POLICY***

**Aberdeen School District**

**COMPANY ID: 646009026**

AUTHORIZATION AGREEMENT

*For*

**DIRECT DEPOSIT OF PAYROLL**

I (we) hereby authorize ABERDEEN SCHOOL DISTRICT, hereinafter called COMPANY, to initiate credit entries to my (our) \_\_\_ Checking Account/ \_\_\_ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name Bank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transit Routing Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print)

Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACH VOIDED CHECK HERE**