

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS FOR CURRENT EMPLOYEES

LOGANSPORT COMMUNITY SCHOOL CORPORATION

Employee Name _____ Employee No. _____

CHECK ALL THAT APPLY:

MAIN ACCOUNT <i>(below)</i>	
Changing Financial Institutions	<input type="checkbox"/>
Make change to main account	<input type="checkbox"/>

ADDITIONAL ACCOUNTS <i>(reverse side)</i>	
Adding an additional Financial Institution	<input type="checkbox"/>
Make change to additional account	<input type="checkbox"/>

Name of Financial Institution _____

City _____ State _____ Zip _____

Does deposit go into: Checking Savings

Transit/ABA No.

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All spaces must be filled in

Account No.

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Start at left with any blanks to the right

I hereby authorize Logansport Community School Corporation to initiate direct deposit to the above Financial Institution.

Employee Signature _____ Date ____/____/____

This section completed only if form is completed by bank personnel

Authorized Signature _____ Title _____

Telephone No. _____ Date completed ____/____/____

Name of Financial Institution _____

City _____ State _____ Zip _____

Checking Savings Total Amount to go into this account \$ _____

Transit/ABA No.

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All spaces must be filled in

Account No.

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Start at left with any blanks to the right

Name of Financial Institution _____

City _____ State _____ Zip _____

Checking Savings Total Amount to go into this account \$ _____

Transit/ABA No.

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All spaces must be filled in

Account No.

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Start at left with any blanks to the right

Name of Financial Institution _____

City _____ State _____ Zip _____

Checking Savings Total Amount to go into this account \$ _____

Transit/ABA No.

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All spaces must be filled in

Account No.

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Start at left with any blanks to the right