

**PERRY LOCAL SCHOOL DISTRICT
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYCHECK**

I hereby authorize Perry Local School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account(s) listed below.

<u>FINANCIAL INSTITUTION</u>	<u>ROUTING NUMBER</u>	<u>ACCOUNT NUMBER</u>	<u>TYPE</u>
1. _____	_____	_____	Savings _____ Checking _____
% _____ - OR - \$ _____			
2. _____	_____	_____	Savings _____ Checking _____
% _____ - OR - \$ _____			
3. _____	_____	_____	Savings _____ Checking _____
% _____ - OR - \$ _____			

Please attach a copy of a voided check for verification of account information.

The authority is to remain in full force until Perry Local School District has received written notification from me of its termination in such timely manner as to afford Perry Local School District and the Financial Institution(s) a reasonable opportunity to act on it.

NAME _____ ID# _____
(Please Print)

DATE _____ SIGNATURE _____