



Southwestern Consolidated Schools Direct Deposit Authorization

Authorization Agreement for Automatic Deposit (ACH CREDITS)

I hereby authorize Southwestern Consolidated Schools to automatically deposit my pay into the account(s) and financial institution(s) indicated (maximum of two accounts from up to two institutions). In the unlikely event of an overpayment, I authorize my financial institutions(s) to debit only the amount of overpayment. I understand that I will be notified in writing should such action become necessary.

1. FINANCIAL INSTITUTION NAME ACCOUNT	*TRANSIT/ROUTING #	TYPE OF (CHECKING, SAVINGS)
_____	_____	_____

ADDRESS	ACCOUNT #	AMOUNT: \$
_____	_____	_____

2. FINANCIAL INSTITUTION NAME ACCOUNT	*TRANSIT/ROUTING #	TYPE OF (CHECKING, SAVINGS)
_____	_____	_____

ADDRESS	ACCOUNT #	AMOUNT: \$
_____	_____	_____

I understand that this authorization will remain in effect until Southwestern Consolidated Schools receives written notification from me of its termination, in such manner as to afford Southwestern Consolidated and the financial institution(s) a reasonable opportunity to act.

NAME: _____ SCHOOL: Southwestern Consolidated Schools

DATE _____ SIGNATURE: _____

*NINE-DIGIT NUMBER THAT APPEARS IN THE BOTTOM LEFT CORNER OF A CHECK

INCLUDE A VOIDED CHECK FROM YOUR CHECKING ACCOUNT(S) TO VERIFY INFORMATION ON THE AUTHORIZATION FORM