

UNIFIED SCHOOL DISTRICT NO. 263

P.O. BOX 129

MULVANE, KS 67110

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (DIRECT DEPOSIT)

I hereby authorize USD 263 to initiate credit entries and to initiate, if necessary, debit entries for adjustments to my

_____ Savings Account: Amount _____ Percent _____ %

_____ Checking Account: Amount _____ Percent _____ %

Depository Name

City, State, Zip

Transit/ABA Number 9 digit number in the lower left corner of ck

Account #

_____ Savings Account: Amount _____ Percent _____ % or Remaining Balance _____

_____ Checking Account: Amount _____ Percent _____ % or Remaining Balance _____

Depository Name

City, State, Zip

Transit/ABA Number 9 digit number in the lower left corner of ck

Account #

_____ Savings Account: Amount _____ Percent _____ % or Remaining Balance _____

_____ Checking Account: Amount _____ Percent _____ % or Remaining Balance _____

Depository Name

City, State, Zip

Transit/ABA Number 9 digit number in the lower left corner of ck

Account #

This authority is to remain in full force and effect until USD 263 has received written notification from me of its termination in such time and in such manner as to afford USD 263 and Depository a reasonable time to act on it.

Name _____ SS# _____

Signed _____ Date _____

****ATTACH A VOID PERSONALIZED CHECK AND/OR DEPOSIT SLIP HERE****

