

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: _____

Email address for direct deposit "check stub": _____

**** ATTACH A VOID PERSONALIZED CHECK HERE ****