

**MANDATORY
DIRECT DEPOSIT AUTHORIZATION**

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

COMPANY NAME: LaRue County Schools

I (we) hereby authorize LaRue County Schools, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my **account or accounts** listed below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Primary Account

DEPOSITORY (Bank) NAME: _____

BRANCH ADDRESS _____ CITY _____ STATE _____ ZIP _____

BANK ROUTING NO. _____ EMPLOYEE ACCOUNT # _____

CHECKING _____ SAVINGS _____
(% or fixed amount) (% or fixed amount)

OPTIONAL

Secondary Account (complete only if you wish funds to be deposited to an additional savings or checking account)

DEPOSITORY (Bank) NAME: _____

BRANCH ADDRESS _____ CITY _____ STATE _____ ZIP _____

BANK ROUTING NO. _____ EMPLOYEE ACCOUNT # _____

CHECKING _____ SAVINGS _____
(% or fixed amount) (% or fixed amount)

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) on Bank Account (Please print)

SSN or Employee Number

Employee Signature

Date

You MUST attach a VOIDED CHECK or PROOF OF CHECKING and/or SAVINGS ACCOUNT to this form.