

**JEFFERSON SCHOOL DISTRICT
AUTHORIZATION AGREEMENT FOR PAYROLL DEBIT CARD**

I hereby authorize Jefferson Schools to enroll me in the Fifth Third Bank PayCard Service and I understand that I will receive my pay through a payroll debit card.

NEW _____ **Change** _____

Name of employee _____

This authority is to remain in full force and effect until Jefferson School District has received my written notification of its termination and in such manner as to afford Jefferson Schools and depository a reasonable opportunity to act on it.

Signature _____

Date _____

RETURN THIS COMPLETED, SIGNED TO LORI REAUME IN THE BUSINESS OFFICE