



**GATEWAY CHARTER ACADEMY**  
 Authorization Agreement for Automatic Deposits  
 (ACH Credits)

EMPLOYEE NAME (Print): \_\_\_\_\_

I hereby authorize Gateway Charter Academy (GCA), to initiate credit entries and to initiate, if necessary, debit entries and adjustments for credit entries in error to my banking account(s) indicated below at the banking institute to credit and/or debit the same to such account.

<b>BANKING INSTITUTE INFORMATION (*MUST attach VOIDED check or bank Institute direct deposit form)</b>			
<b>Primary Bank Institute:</b>			
Routing Number:			
Account Number:			
<i>Please select one:</i>	<input type="checkbox"/>	Checking Account	<input type="checkbox"/>
			Savings Account
<i>Please select one:</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
			%
<b>Secondary Bank Institute:</b>			
Routing Number:			
Account Number:			
<i>Please select one:</i>	<input type="checkbox"/>	Checking Account	<input type="checkbox"/>
			Savings Account
<i>Please select one:</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
			%

This agreement is to remain in full force and effect until Gateway Charter Academy has received written notification from me of its termination in such time and in such manner as to afford Gateway Charter Academy and Bank Institute a reasonable opportunity to act on request.

*\*Should a VOIDED check or bank institute direct deposit form not be attached, I take full responsibility on assuring the information provided above is correct.*

**NOTE: A paper check will not be issued if ACH deposit is cancelled. It must go to a Direct Deposit Card.**

<b>EMPLOYEE SIGNATURE:</b>	<b>DATE:</b>
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<b>*****PAYROLL USE ONLY*****</b>			
<b>Date Received:</b>		<b>JR3 Entry Date:</b>	