

**JEFFERSON SCHOOL DISTRICT
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

I hereby authorize Jefferson Schools to initiate credit entries and if necessary debit entries and adjustments of any credit entries made in error to my account and to the depository institution (depository) indicated below on the attached check or other instrument.

Please attach voided check or other instrument, which indicates you depository name ABA routing number and your account number.

NEW _____ **Change** _____

Name of employee _____ SS# _____

Checking

Savings

Transit routing # _____

Transit routing # _____

Account Number _____

Account Number _____

Financial Institution _____

Financial Institution _____

_____ Deposit 100% of net pay into checking

_____ Deposit 100% of net pay into savings

_____ Deposit \$ _____ fixed amount to checking and remaining to savings

_____ Deposit \$ _____ fixed amount to savings and remaining to checking

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 FORM WITH THE PROPER
DOCUMENTATION TO LORI REAUME IN THE BUSINESS OFFICE**