

AUTHORIZATION AGREEMENT  
FOR DIRECT DEPOSIT OF PAYROLL

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

I (we) hereby authorize \_\_\_\_\_ Flat Rock-Hawcreek School Corp. \_\_\_\_\_ hereinafter called "company", to initiate credit entries or debit corrections to my (our) \_\_\_\_\_ Checking \_\_\_\_\_ Savings account indicated below and the financial institution named below to credit the same to such account.

\_\_\_\_\_  
FINANCIAL INSTITUTION

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
BANK TRANSIT/ABA NUMBER

\_\_\_\_\_  
ACCOUNT NUMBER

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" a reasonable opportunity to act on it.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\*A COPY OF A VOIDED CHECK OR DEPOSIT SLIP MUST ACCOMPANY THIS AUTHORIZATION FORM.