

# Troy School District 287 Payroll Authorization

*I hereby authorize Troy School District No. 287 ("the Company") to initiate credit entries to my bank accounts(s) listed below. I further authorize the financial institution(s) named below to credit such account(s).*

*I understand that this authorization remains in effect until the Company receives from me, in writing, notification to terminate the authorization in such a time and manner as to afford the Company and my financial institution(s) a reasonable time to act on it.*

(Please attach a voided check or a copy of a check for each checking account to be accessed. Please attach a deposit slip for a savings account or verification from your bank.)

Name of Financial Institution	Checking or Savings	Bank Routing Number	Bank Account Number	% of Deposit

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_