



# UNION COUNTY SCHOOL DISTRICT

*Building a More Perfect UNION*

## AUTHORIZATION FORM

I hereby authorize Union County School District to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entry in error to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until Union County School District has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Union County School District and DEPOSITORY a reasonable opportunity to act on it.

Date	Name(print)	Financial Institution Name
Employee SS#	Employee Address	Financial Institution Address

\_\_\_\_\_  
Signature

### CHECK ONE:

**I am not currently participating in the Direct Deposit Program**

**ADD**—Deposit my pay to the account shown.

**I am currently participating in the Direct Deposit Program**

**CHANGE**—Change financial institutions and/or account number.

**TAPE YOUR VOIDED CHECK HERE**

**IMPORTANT! CHECK TYPE OF ACCOUNT:  CHECKING  SAVINGS**