and to intiate, if necessary, debit entries and adjustments for any

**1st Account**

Name of Bank

Routing Number

Account Number

Choose One:

Checking Account

Savings Account

Amount

$

**2nd Account**

Name of Bank

Routing Number

Account Number

Choose One:

Checking Account

Savings Account

Amount

$

Name

Last 4 digits of SS Number

Date

Signature

**Authorization Agreement For Automatic Deposits**

**This authority is to remain in full force and effect until the payroll department has received**

**written notification from me of its termination in such time and in such manner as to afford**

**Perry County Schools and DEPOSITORY a reasonable opportunity to act on it.**

I hereby authorize Perry County Schools to intiate credit entries

credit entries in error to my: