

Byron Area Schools

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Byron Area Schools to initiate credit entries to my Checking and/or Savings account(s) indicated below at the financial institution(s) named below. (*Limit 2 transactions*)

<i>1st - Financial Institution</i>	
Name _____	Routing Number _____
Address _____	Account Number _____
_____	Amount _____
<input type="checkbox"/> Checking Account or <input type="checkbox"/> Savings Account	

<i>2nd - Financial Institution</i>	
Name _____	Routing Number _____
Address _____	Account Number _____
_____	Amount _____
<input type="checkbox"/> Checking Account or <input type="checkbox"/> Savings Account	

This authorization is to remain in full force and effect until Byron Area Schools has received written notification from me of its termination in such time and in such manner as to afford Byron Area Schools and the Financial Institution a reasonable opportunity to act on it. Adjusting entries to correct errors are also authorized.

Employee
Name (Please Print) _____

Social Security # _____

Signature _____ Date _____

Note: After receiving your initial authorization agreement, the business office will make a permanent entry, a fifteen to twenty business days turn-around should be expected before the first actual deposit takes place.

It is highly recommended that you contact your financial institution for assistance in completing this authorization form.