

AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT (ACH CREDITS)

EMPLOYER NAME: ST. MARYS CITY SCHOOLS

I hereby authorize my employer, St. Marys City Schools, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my accounts listed below.

FINANCIAL INSTITUTION INFORMATION

1) Financial Institution Name, City, State: _____

* Transit / ABA No.: _____ Acct No. _____ Checking _____ Savings _____
% ** _____ **OR** Amount ** _____

2) Financial Institution Name, City, State: _____

* Transit / ABA No.: _____ Acct No. _____ Checking _____ Savings _____
% ** _____ **OR** Amount ** _____

3) Financial Institution Name, City, State: _____

* Transit / ABA No.: _____ Acct No. _____ Checking _____ Savings _____
% ** _____ **OR** Amount ** _____

4) Financial Institution Name, City, State: _____

* Transit / ABA No.: _____ Acct No. _____ Checking _____ Savings _____
% ** _____ **OR** Amount ** _____

5) Financial Institution Name, City, State: _____

* Transit / ABA No.: _____ Acct No. _____ Checking _____ Savings _____
% ** _____ **OR** Amount ** _____

6) Financial Institution Name, City, State: _____

* Transit / ABA No.: _____ Acct No. _____ Checking _____ Savings _____
% ** _____ **OR** Amount ** _____

This authority is to remain in full force until the St. Marys City Schools has received written notification from me of its termination in such timely manner as to afford the St. Marys City Schools and my FINANCIAL INSTITUTION a reasonable opportunity to act on it.

SIGNATURE

DATE

NAME (Please Print)

E-MAIL ADDRESS (FOR NOTIFICATION)

* First number that appears on the bottom of a check or deposit slip – nine digits.

** This is where you designate a percentage of pay (e.g. 100%). Percentages must add up to 100%. Or, you may also specify a dollar amount to go into an account, with the balance to go into a second or third account.