

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize South Spencer County School Corporation, hereinafter called COMPANY, to initiate credit entries for deposit to my account indicated below and the financial institution named below hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type or Acct ___checking ___savings

PLEASE NOTE: This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Printed Individual Name) (Signature)

(Printed Individual SS Number) (Date)

PLEASE NOTE: Once enrolled in this program, you must allow 30 days for any change to become effective and all changes must be made at the administration office.

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM