

Authorization Agreement for Automatic Deposits

Please print and complete ALL the information below.

John Jones 124 Main Street Anywhere, MA 02345 Pay to the order of: Check Number Number Number (1-17 digits) Check Number (do not include)	-
Name of Bank: Account #: 9-Digit Routing #:	
Amount: □ \$ % or □ Entire Paycheck	
Type of Account : ☐ Checking ☐ Savings (Check One)	
I hereby authorize Godfrey-Lee Public Schools to directly deposit my pay to the account listed above. This authorization cancels all previous direct deposits and will remain in effect until I modify or cancel it in writing.	
Signature: Date:	