

Authorization Agreement for Automatic Deposits

Please print and complete ALL the information below.

| 124 Arg | m Jones Main Street ywhere, MA 02345 Date: EXAMPLE Dollars |
|---|--|
| 9 d Rou Num Name of Bank: | ligit Account Check Number Number (1-17 digits) (do not include) |
| 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: |