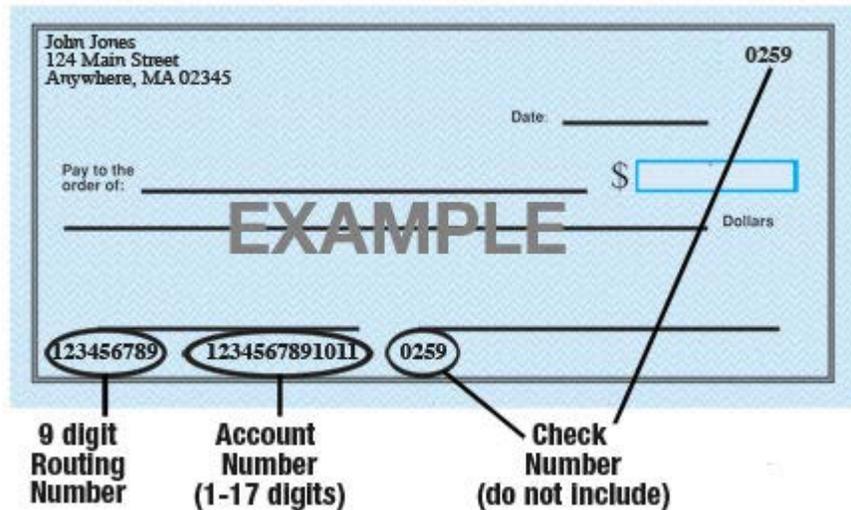




## Authorization Agreement for Automatic Deposits

Please print and complete ALL the information below.

**Employee Name:** \_\_\_\_\_



**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:** \_\_\_\_\_