

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I (we) hereby authorize Clearview Board of Education, hereinafter called **COMPANY**, to initiate credit entries and to initiate, if necessary, debit entries to adjust for any credit entries in error to my (our) CHECKING SAVINGS account (select one) indicated below and the depository named below hereinafter called **FINANCIAL INSTITUTION**, to credit and/or debit the same to such account.

DEPOSITORY INFORMATION

Name of Financial Institution:

Routing/Transit Number:

Branch:

Account Number:

City, State, Zip Code:

This authority is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

EMPLOYEE INFORMATION

Company Name:

Employee Soc. Sec. #

Clearview Board of Education

Employees Name (Please Print):

Date:

 I would like to have my NET PAY deposited into this account.

Signature (on joint account, both must sign):

Signature: