

**DIRECT DEPOSIT
AUTHORIZATION AGREEMENT
(ACH CREDITS)**

Name _____ SS# _____ - _____ - _____

*I hereby authorize **CONWAY PUBLIC SCHOOLS** HEREINAFTER CALLED Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my*

(check one) Checking Account Savings Account

Indicated below and the depository named below, hereinafter called Financial Institution, to credit and/or debit the same to such account.

Financial Institution: _____

City: _____ *State* _____ *Zip Code* _____

Transit/ABA No: _____ (first group of numbers on your check)

Account Number: _____

(ATTACH VOIDED CHECK)

This authority is to remain in full force and in affect until Company has received written notification from me of its termination in such manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

*After you sign the authorization agreement for direct deposit form, we will do a pre-note with your bank to verify the account number. **YOUR DIRECT DEPOSIT WILL NOT BE EFFECTIVE UNTIL THE PRE-AUTHORIZATION IS DONE.** Be sure to look in your pay envelope for a paper check the first month, then the following month your check will be direct deposited.*

Employee Signature _____ *Date* _____

Please make a copy for your records