AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL

COMPANY
NAME : **TELL CITY TROY TOWNSHIP SCHOOL CORPORATION**

I hereby authorize **Tell City-Troy Township School Corporation,** hereinafter called COMPANY, to initiate Direct Deposit of Payroll credit entries (and necessary debit entries for adjustments to correct errors) to my checking or savings account indicated below at the depository name below, hereinafter called DEPOSITORY.

Select One:

_____ *Checking Account* *or* _____ *Savings Account*

DEPOSITORY NAME: _____

CITY: _____ STATE ____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO._____

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

NAME _____
(PLEASE PRINT)

DATE _____ SIGNED _____

| |
| ATTACH YOUR VOIDED DOCUMENT HERE |
| |