

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Name

Social Security Number

AUTOMATIC DEPOSITS

I (WE) hereby authorize Morris School District hereinafter call "COMPANY," to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit in error to my (our):

_____ CHECKING

_____ SAVINGS

account indicated below and the depository institution named below, hereinafter called "DEPOSITORY," to credit and/or debit the same to such account.

A VOIDED CHECK MUST BE ATTACHED TO COMPLETE THE PROCESS

CALL YOUR BANK TO VERIFY THE TRANSIT NUMBER AND YOUR ACCOUNT NUMBER

Depository Name (Bank)
City
Transit/ABA Number (9 Digit)

State	Zip Code
Account Number	

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

Date	Signature
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