

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
INYO COUNTY SUPERINTENDENT OF SCHOOLS

I hereby authorize the Inyo County Superintendent of Schools, and my employing district, to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below. I also authorize the DEPOSITORY credit union or bank named below to credit/debit the same to such account indicated.

DEPOSITORY: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

DEPOSITORY 9 DIGIT TRANSIT/ABA NO.: _____

ACCOUNT NO.: _____ CHECKING _____ SAVINGS _____

BANK TELLER SIGNATURE: PLEASE ATTACH A VOIDED ACTUAL CHECK TO THIS FORM.

I shall hold harmless and indemnify the Inyo County Superintendent of Schools, hereinafter referred to as Superintendent, and my employing district, hereinafter referred to as District, and their officers and employees from any claim or demand of whatever nature including those based upon negligence of the Superintendent, District, and their officers and employees, brought by any person, including any banking institution against the Superintendent in his capacity as an employer concerning the Payroll Warrant Disposition provided by the Superintendent.

This authority is to remain in full force and effect until the Superintendent and District have received written notification from me of its termination in such time and in such manner as to afford the Superintendent and Depository a reasonable opportunity to act on it. I will notify the Superintendent and District of any change in the depository account status shown above.

PRINT NAME: _____ SOC SEC # _____

SIGNATURE: _____ DATE: _____