

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

COMPANY NAME: GROVE PUBLIC SCHOOL

I (we) authorize **GROVE PUBLIC SCHOOL**, hereinafter called **COMPANY**, to initiate credit entries to my (our) **CHECKING** account indicated below and the depository name below, herein called **DEPOSITORY** to credit such account.

DEPOSITORY BANK NAME (YOUR BANK NAME) _____

CITY _____ STATE _____ ZIP CODE _____

TRANSIT ABA NUMBER _____ (BOTTOM LEFT ON CHECK)

ACCOUNT NUMBER _____ (BOTTOM MIDDLE OF CHECK)

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 DEPOSITORY a reasonable opportunity to act on it.

Name(s) on account:

(Please Print) _____

EMPLOYEE SIGNATURE _____

DATE _____

Note: Please attach a voided check below from the account to be credited so that we may verify your bank's Federal Reserve Transit ABA number for automatic deposit processing.