

AUTHORIZATION AGREEMENT
For
AUTOMATIC PAYROLL DIRECT DEPOSIT

I hereby authorize the LAKEWOOD BOARD OF EDUCATION, Federal ID#21-600-219, hereinafter called the BOARD, to initiate credit entries, and if necessary debit entries and adjustments for any credit posted in error to my account in the banking institution named below, hereinafter called the DEPOSITORY, and is also authorized to credit and/or debit same account specified.

DEPOSITORY (your banking institution)

NAME OF BANK: _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NUMBER: _____

(Call your bank for your correct routing number)

DIRECT DEPOSIT IS FOR ONE BANK AND ONE ACCOUNT ONLY

ACCOUNT NUMBER: _____ SAVINGS _____ or CHECKING _____

***To ensure that this information is entered into our payroll system
Completely and accurately, please attach a VOIDED CHECK or any
Pre-printed account documentation from the bank for verification.***

This written authorization for direct deposit is to remain in full force and effect until such time that the BOARD receives formal, written notification from you (the employee) to terminate this agreement and with your understanding that a reasonable amount of time is required by both the BOARD AND depository to act upon this request.

PLEASE PRINT NAME AND LAST FOUR OF YOUR SS# AND PHONE NUMBER FOR THIS ACCOUNT

Print Name

Last 4 digits of SS#

Phone #

Signature: _____

Date: _____