

1st DIRECT DEPOSIT THE MONTH OF _____

AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT

COMPANY

NAME: ANW Special Education Cooperative Interlocal #603

COMPANY

ID NUMBER: 48-0830429

I hereby authorize ANW Special Education Cooperative Interlocal #603, hereinafter called **COMPANY**, to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries to error to my [] **Checking** [] **Savings** account (select one) indicated below and the depository named below, hereinafter called **DEPOSITORY**, to credit and/or debit the same to such account.

DEPOSITORY

NAME _____

TRANSIT/ROUTING NUMBER _____

ACCOUNT NUMBER _____

(Attach voided check below for the account being credited)

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

NAME _____

(Your name printed)

ID NUMBER _____

(Social Security Number)

SIGNATURE _____

DATE _____

PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE