

Lakeland School District

Direct Deposit/Debit Authorization

- Addition: New Participant
- Change: Change in Bank and/or account number
- Delete: Cancel Participation Date _____ Participant's Initials _____

Name _____

Bank Name _____

Bank Address _____

Bank's Routing and Transit # _____

Account # _____ Account Type: Checking _____ Savings _____

If you are unsure about Direct Deposit information, please contact your bank for assistance in completing this form.

Please attach a voided check if your deposit/debit will be made to a checking account.

(At the discretion of the Originator)

I hereby authorize Lakeland School District, hereinafter called COMPANY, to initiate credit and/or debit entries to my account at the Bank named above; and to initiate adjustments for any credit or debit entries made in error to my account at the Bank named above, hereinafter called DEPOSITORY I acknowledge the origination of ACH transactions to my account indicated above must comply with the provisions of U.S. Law. 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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature _____ Date _____