

**Authorization Agreement
Basehor-Linwood USD 458
Direct Payroll Deposit**

Name: _____ **SS #:** _____

I hereby authorize Basehor-Linwood USD 458 to begin Direct Deposit of my paycheck and, if necessary, to make debit entries and adjustments for any credit entries in error to my (our) account at the following financial institution(s):

1) _____
Name of Financial Institution

Routing Number (9 digits)

Account Number _____
Checking ___
Saving ___
_____ % Or \$ _____

Account Number _____
Checking ___
Savings ___
_____ % Or \$ _____

2) _____
Name of Financial Institution

Routing Number (9 digits)

Account Number _____
Checking ___
Saving ___
_____ % Or \$ _____

Account Number _____
Checking ___
Savings ___
_____ % Or \$ _____

3) _____
Name of Financial Institution

Routing Number (9 digits)

Account Number _____
Checking ___
Saving ___
_____ % Or \$ _____

Account Number _____
Checking ___
Savings ___
_____ % Or \$ _____

Please attach a voided check to validate account information.

This authority is to remain in full force and effect until USD 458 has received written notification from myself of its termination in such time and in such manner as to afford a reasonable time to act upon it.

Signature

Date