



Central Consolidated School District

Direct Deposit Authorization

I, _____, hereby authorize Central Consolidated School District, herein after called Company, to initiate credit entries to my account indicated below and the Depository named below, to credit the same to such account.

Bank Name _____ Branch _____
City _____ State _____ Zip _____
Routing Number _____
Account Number _____

Checkings

Savings

This authority is to remain in full force and effective until the Company and Depository has received written notification from me of its termination in such manner as to afford the Company and Depository a reasonable opportunity to act on it.

Name _____ Employee ID _____
Signature _____ Date _____

**Please attach
voided check**

*Please be advised, the first check is a live (actual) check.
Direct deposit will begin on the next payday.*