

CENTRAL CONSOLIDATED SCHOOL DISTRICT

I hereby authorize Central Consolidated School District #22, Herein after called Company, to initiate credit entries to my account indicated below and the Bank named below, to credit the same to such account.

BANK NAME: _____	BRANCH: _____	
CITY: _____	STATE: _____	ZIP: _____
ROUTING # _____	ACCOUNT# _____	
CHECKING ACCOUNT: _____	SAVINGS ACCOUNT: _____	

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL COMPANY AND DEPOSITORY HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH MANNER AS TO AFFORD COMPANY AND BANK A REASONABLE OPPORTUNITY TO ACT ON IT.

NAME: _____ EMPLOYEE ID# _____

DATE: _____ SIGNATURE: _____

**PLEASE ATTACH
VOIDED CHECK**

PLEASE BE ADVISED, FIRST CHECK IS A LIVE (ACTUAL) CHECK.
DIRECT DEPOSIT WILL BEGIN ON THE NEXT PAYDAY.