

**SPENCER-OWEN COMMUNITY SCHOOLS**

**Automatic Deposit Authorization**

New Authorization \_\_\_\_\_

Change Prior Authorization as Noted Below \_\_\_\_\_

Employee Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

I hereby authorize Spencer-Owen Community Schools hereinafter called EMPLOYER to initiate entries (and if necessary debit entries to adjust the credit entries) to my bank account(s) listed below. I authorize the DEPOSITORY bank to credit (or debit) the same entries to such account(s).

Bank Name	City, State	*Transit/ABA Number/Routing	Type of Account: 1=Checking 2=Savings	*Account Number	Flat Amount from Each Net Pay
1.					Balance of Net Pay***
2.					
3.					
4.					
5.					

This authority is to remain in full force and effect until EMPLOYER has received written notification from me to terminate the instructions herein and has a reasonable opportunity to act on it.

DATE: \_\_\_\_\_ EMPLOYEE SIGNATURE: \_\_\_\_\_

- Please attach a copy of a voided check for each account that you wish to use.
- If more than one account is used, line 1 must be the primary account and any balance of net pay remaining after deduction the amount on line 2 and/or 3 will be deposited in the account shown on line 1.