

# Authorization for Direct Deposit (ACH Credit)

This authorizes Callaway Public Schools-Custer County School District 180 (hereafter "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other account(s) I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

<p><b><u>Account #1</u></b>            Deposit Amount (\$ or %): _____             Account Type: Checking / Savings             Bank Name: _____             Bank Branch: _____             City, State: _____             Account Number: _____             Routing Number: _____</p>	<p><b><u>Account #2</u></b>            Deposit Amount (\$ or %): _____             Account Type: Checking / Savings             Bank Name: _____             Bank Branch: _____             City, State: _____             Account Number: _____             Routing Number: _____</p>
<p><b><u>Account #3</u></b>            Deposit Amount (\$ or %): _____             Account Type: Checking / Savings             Bank Name: _____             Bank Branch: _____             City, State: _____             Account Number: _____             Routing Number: _____</p>	<p><b><u>Account #4</u></b>            Deposit Amount (\$ or %): _____             Account Type: Checking / Savings             Bank Name: _____             Bank Branch: _____             City, State: _____             Account Number: _____             Routing Number: _____</p>

This authorization will be in effect until the company receives a written termination from myself and has a reasonable opportunity to act on it.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

E-mail address for deposit stub (REQUIRED): \_\_\_\_\_

**\*\*Attach a voided check or deposit slip (showing account and bank information) for each account listed above\*\***