

AUTHORIZATION AGREEMENT
FOR EMERY UNIFIED SCHOOL DISTRICT
(Payroll Direct Deposit)

I hereby authorize Emery Unified School District to initiate credit entries; to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my checking/savings account as indicated below. This also authorizes the depository institution named below to credit and/or debit same such account.

Depository/Bank Name:

Transit Number/ABA Number:

Account Number:

ATTACH VOIDED CHECK HERE

This authority is to remain in full force and effect until the Emery Unified School District has received written notification from me of its termination in such time and in such manner as to afford Emery Unified School District and California Bank and Trust a reasonable opportunity to take appropriate action.

Name: (please print)

Employee Number:

Date:

Signature:
