

# AVON COMMUNITY SCHOOL CORPORATION

## Automatic Deposit Authorization

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

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

I hereby authorize Avon Community School Corporation hereinafter called EMPLOYER to initiate credit 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	Routing No.	Type of Account: Checking/Savings	Account No.	Amount from each Net Pay
1.					
2.					
3.					

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.

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

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
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. The amount deposited to the primary account will be the balance remaining after deducting the amount(s) from line 2 and/or line 3 from net pay.