

**AUTHORIZED AGREEMENT FOR:
DIRECT DEPOSIT**

I (We) hereby authorize: **GREENEVIEW LOCAL SCHOOLS**, hereinafter called COMPANY, to initiate electronic entries to my account:

_____ Checking Account

_____ Savings Account (Please specify amount) \$_____

indicated below, and the Financial Institution named below to credit/debit the same to such account for payments, deposits or error corrections.

Financial Institutions Name: _____

Routing/Transit Number: _____

Checking Account Number: _____

Savings Account Number: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act upon it.

Name: _____
Printed

Signature: _____ Date: _____

**** Attach Voided Check Here****

(NOTE: Using Routing Number from a deposit ticket does not suffice)