



LAWRENCE PUBLIC SCHOOLS AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

Enter date of hire for new employees

Date of Hire _____

Direct Deposit will not take effect until 90 day after the Date of Hire.

I hereby authorize Lawrence Public Schools, hereinafter called COMPANY, to initiate credit Entries edit Entries in error to my (our) **Checking** **Savings** account (select one) indicated below and depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Please Check: NEW OR CHANGE. If you are changing Banks, Account number, or if you need to cancel from your existing Direct, please attach a letter.

Depository Name

BRANCH

CITY

STATE ZIP

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 DEPOSITORY a reasonable opportunity to act on it.

NAME(S)

Employee ID#

SIGNED

DATE