

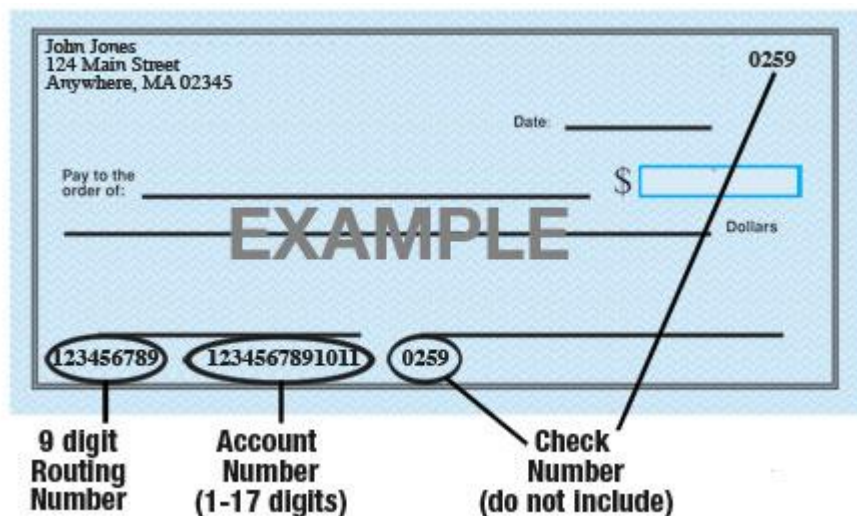


ACSC Direct Deposit Authorization Form

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Primary Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ or Entire Paycheck

Type of Account: Checking Savings (Check One)

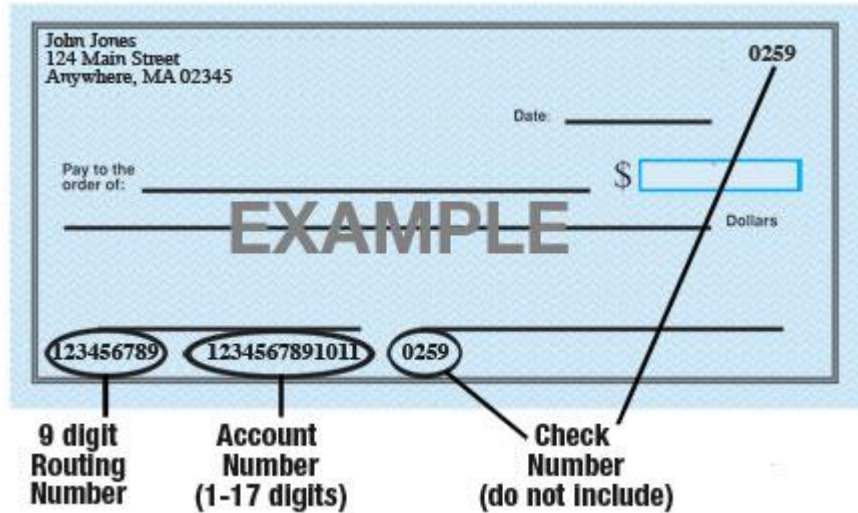
REQUIRED: Attach a voided check for the bank account to which funds should be deposited

Attica Consolidated School Corporation is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: _____ Date: _____



SECONDARY ACCOUNT INFORMATION



Name of Bank: _____

Secondary Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ or Entire Paycheck

Type of Account: Checking Savings (Check One)

REQUIRED: Attach a voided check the bank account to which funds should be deposited