

North Daviess Community Schools Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **North Daviess Community Schools** to initiate automatic deposits to my account at the financial institution named below. I also authorize **North Daviess Community Schools** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **North Daviess Community Schools** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **North Daviess Community Schools** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Cooperative Treasurer.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Account Number: _____

Checking	Savings	Amount
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Checking	Savings	Amount
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Signature

Authorized Signature: _____ Date: _____

**Please attach a voided check and return this form to:
North Daviess Community Schools, Superintendent's Office**