

**CITY OF STAUNTON SCHOOL BOARD
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

EMPLOYEE NAME: _____ **MUNIS EMPLOYEE NO:** _____

I hereby authorize the City of Staunton School Board, hereinafter called Employer, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking or Savings account(s), indicated at the depository named below, hereinafter called Depository, to credit and/or debit the same to such account(s).

DEPOSITORY NO. 1 (PRIMARY ACCOUNT)

Name of Bank _____ Branch _____

City _____ State _____ Zip _____ AMOUNT _____

Transit/ABA No. _____ Account No. _____

Checking Savings

DEPOSITORY NO. 2

Name of Bank _____ Branch _____

City _____ State _____ Zip _____ AMOUNT _____

Transit/ABA No. _____ Account No. _____

Checking Savings

DEPOSITORY NO. 3

Name of Bank _____ Branch _____

City _____ State _____ Zip _____ AMOUNT _____

Transit/ABA No. _____ Account No. _____

Checking Savings

This authority is to remain in full force and effect until Employer has received written notification from me of its termination in such time as to afford Employer and Depository a reasonable opportunity to act on it.

Name _____ Location _____
(Please print)

Date _____ Signed _____ Signed _____
(Employee) (Employer)

**ATTACH
VOIDED CHECK (OR COPY OF VOIDED CHECK)
HERE FOR VERIFICATION PURPOSES**