

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL

I (we) hereby authorize Perry-Hocking Educational Service Center, hereinafter called COMPANY, to initiate Credit entries to my (our) account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and in the case of an error to initiate Debit entries the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

DEPOSITORY INFORMATION

Depository Name		
Branch		
City, State Zip		
Routing Number		
Account Number	Checking or Savings (Circle One)	Fixed Amount or Percentage
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This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name _____ Social Security Number _____
(Please print)

Signature _____ Date _____

PLEASE RETURN THIS FORM TO THE ESC OFFICE