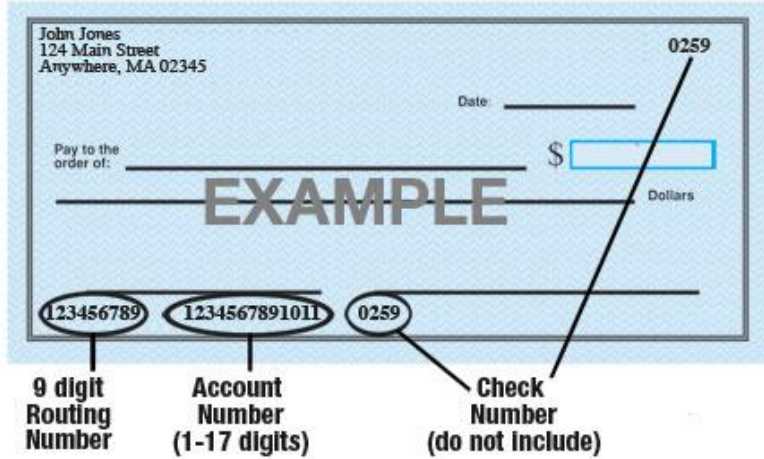


AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS
NELSONVILLE-YORK CITY SCHOOLS

I hereby authorize my employer, Nelsonville-York City Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) listed below.



Name of Bank: _____

9-Digit Routing #: _____

Account #: _____

Amount: \$ _____ _____% or Entire Paycheck

Type of Account: Checking Savings (Circle One)

Name of Bank: _____

9-Digit Routing #: _____

Account #: _____

Amount: \$ _____ _____% or Entire Paycheck

Type of Account: Checking Savings (Circle One)

The authority is to remain in full force until Nelsonville-York City Schools has received written notification from me of its termination in such timely manner as to afford Nelsonville-York City Schools and the financial institution a reasonable opportunity to act on it.

Name: _____

Email Address: _____

Signature: _____ Date: _____

PLEASE ATTACH A COPY OF YOUR DEPOSIT SLIP