

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

I (We) hereby authorize Opelika City Schools 63-6001017
COMPANY NAME *CO. TAX I.D. NUMBER*

hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries for any credit entries made in error to my (our)

() Checking () Savings *(Select one)*

account listed below and the financial institution named below, hereinafter called INSTITUTION, to credit or debit the same to such account.

<hr/> FINANCIAL INSTITUTION NAME	<hr/> CITY	<hr/> STATE	<hr/> ZIP
<hr/> ROUTING NUMBER		<hr/> ACCOUNT NUMBER	

Please attach a voided check on the above account in order that we may verify the numbers provided above.

This authority 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 allow COMPANY and INSTITUTION a reasonable opportunity to act on it.

<hr/> NAME(S) ON ACCOUNT (PLEASE PRINT)	<hr/> EMPLOYEE I.D. NUMBER
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<hr/> DATE	<hr/> SIGNATURE	<hr/> SIGNATURE
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