

FORT GIBSON PUBLIC SCHOOL DISTRICT 51-I003

AUTHORIZATION FOR AUTOMATIC DEPOSITS

I hereby authorize Fort Gibson Public Schools, herein called **EMPLOYER**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to my checking account indicated below and as designated on the corresponding payroll advice, and the banking institute named below, hereinafter called **BANK** to credit and/or debit the same to my account.

**** NOTE **** This automatic deposit offer applies **only** to **CHECKING** accounts.

Your Bank's Name: _____

City: _____ State: _____ Zip: _____

Transit / ABA No. _____

Account No. _____

This authority is to remain in full force and effect until **EMPLOYER** has received written notification from me of its termination in such time and in such manner as to afford **EMPLOYER** and **BANK** a reasonable opportunity to act upon it.

Name (s): _____

SS #: _____

Date: _____ Signed: _____

PLEASE ATTACH A VOIDED **CHECK** WITH THIS FORM