

**DIRECT DEPOSIT CREDIT AUTHORIZATION**

I hereby authorize Linton-Stockton School Corporation to initiate entries to credit my account indicated below at the financial institution named below.

**PRIMARY ACCOUNT (Deposit Net Pay)**

\_\_\_\_\_ **Financial Institution Name**

\_\_\_\_\_ **Address** **City/State** **Zip**

\_\_\_\_\_ **Routing Number** \_\_\_\_\_ **Account Number** **Type of Acct: \_\_\_\_\_ Checking \_\_\_\_\_ Savings**

**SECONDARY ACCOUNT (Deposit \$ \_\_\_\_\_)(OPTIONAL)**

\_\_\_\_\_ **Financial Institution Name**

\_\_\_\_\_ **Address** **City/State** **Zip**

\_\_\_\_\_ **Routing Number** \_\_\_\_\_ **Account Number** **Type of Acct: \_\_\_\_\_ Checking \_\_\_\_\_ Savings**

This authority is to remain in force until Linton-Stockton School Corporation has received written notification from me of its termination in such time and manner as to afford Linton-Stockton School Corporation a reasonable opportunity to act on it.

\_\_\_\_\_ **Print Individual Name**

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Date**

**PLEASE ATTACH A COPY OF A VOIDED CHECK OR DEPOSIT TO THIS FORM.  
IT IS CRITICAL THE ACCOUNT INFORMATION IS CORRECT!!**