

MINSTER LOCAL SCHOOLS
100 E. SEVENTH ST.
MINSTER, OH 45865

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize MINSTER LOCAL SCHOOLS to initiate credit entries to my checking/savings accounts at the financial institution(s) listed below, and, if necessary, initiate adjustments for any transactions credited in error.

This authority will remain in effect until MINSTER LOCAL SCHOOLS is notified by me in writing to cancel it in such time as to afford MINSTER LOCAL SCHOOLS and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

<hr/>		<hr/>	
(Employee Name)		(Address)	
<u>SAVINGS</u>		<u>CHECKING</u>	
<hr/>		<hr/>	
Financial Institution		Financial Institution	
<hr/>		<hr/>	
Financial Institution Address—Branch		Financial Institution Address—Branch	
<hr/>		<hr/>	
Routing/Transit Number		Routing/Transit Number	
<hr/>		<hr/>	
Account Number		Account Number	
<hr/>		<hr/>	
Amount		Amount	
<hr/>		<hr/>	
Employee Signature		Social Security Number	
Date			