



Frankton-Lapel Community Schools

7916 W 300 N, Anderson IN, 46011 · 765.734.1261 · www.flcs.k12.in.us

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

I _____ hereby authorize Frankton-Lapel Community Schools, hereinafter called COMPANY, to initiate credit entries to my checking or savings account as indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of transactions to my account must comply with the provisions of US law.

PLEASE ATTACH: Direct Deposit Sign up form issued from your bank or a voided check.

Depository Name _____ Branch _____

Routing Number _____ Account Number _____

Account Type: Checking _____ Savings _____ (Please indicate with a check mark)

Amount of check to be deposited to this account: Full amount _____ Partial \$ _____ If depositing money in more than one account an additional form will be needed.

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature _____ SSN _____ Date _____