

**DIRECT DEPOSITS (ACH CREDITS)
AUTHORIZATION AGREEMENT**

I hereby authorize Educational Service Unit #8, hereinafter called COMPANY, to initiate credit entries to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

PAYROLL

Primary Account: (Deposit Net Pay)

(Financial Institution Name) (Address)

(Routing Number) (Account Number)

Type of Acct: ____ Checking ____ Savings

Secondary Account (if desired): Amount to Deposit \$ ____ **OR** Percent to Deposit ____%

(Financial Institution Name) (Address)

(Routing Number) (Account Number)

Type of Acct: ____ Checking ____ Savings

EXPENSE REIMBURSEMENT (check one)

Use same account as Payroll (above): Primary ____ **OR** Secondary ____

Use account listed below:

(Financial Institution Name) (Address)

(Routing Number) (Account Number)

Type of Acct: ____ Checking ____ Savings

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

(Print Individual Name)

(Signature)

(Date)