

Credit Authorization

I (we) hereby authorize Pike County School Corporation hereinafter called Pike County to initiate credit entries for Direct Deposit to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

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Financial institution Name

Branch

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Address

City/State

Zip

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Routing Number

Account Number

Type of acct:

Checking

Savings

This authority is to remain in full force until Pike County School Corporation has received written notification from me (or either of us) of its termination in such time and manner as to afford Pike County School Corporation and (Financial Institution) a reasonable opportunity to act on it.

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Print your Name

Signature

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Print Individual ID number

Date

PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM