

Authorization for Direct Deposit

This authorizes the Kutztown Area School District to initiate credit entries and any adjustments for any credit entries in error to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Account #1

Account #1 Type (check one): Checking Savings

Employee Bank Name

Percentage or Dollar Amount to be Deposited to this Account

Bank Routing # (ABA #)

Account #

Account #2 (remainder to be deposited to this account unless using Account #3)

Account #2 Type (check one): Checking Savings

Employee Bank Name

Percentage or Dollar Amount to be Deposited to this Account

Bank Routing # (ABA #)

Account #

Account #3 (remainder to be deposited to this account)

Account #3 Type (check one): Checking Savings

Employee Bank Name

Percentage or Dollar Amount to be Deposited to this Account

Bank Routing # (ABA #)

Account #

Please attach a voided check for each checking account here.

This authorization will be in effect until the Kutztown Area School District receives a written termination notice from myself and has a reasonable opportunity to act on it.

Printed Name

Signature

Date