

AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT

Black Hawk Area Special Ed District SEJA #865
Originator of ACH Entries ("Company")

36-2942532
Company's ID

I hereby authorize Black Hawk Area Special Education District SEJA #865, East Moline, Illinois, hereinafter called COMPANY, to initiate payroll credit entries to my designated account at the depository financial institution, hereinafter called DEPOSITORY, named below, and to credit the same to my account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of Federal law governing these authorized ACH transactions.

Depository Name _____
Branch Name (if applicable)

Depository Street Address

City _____ _____
State _____
Zip Code

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Depository Routing Number (9 Digits)

My Account Number at Depository

Title [Name(s)] on the Account: _____

Account is a: Checking Account Savings Account
(Please select one type.)

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

My Name (Please Print) _____ _____
Signature _____
Date

PLEASE STAPLE A VOIDED PERSONAL CHECK TO THIS FORM IF YOU ARE DESIGNATING A CHECKING, NOW, SHARE DRAFT, OR INSURED MONEY MARKET ACCOUNT FOR YOUR PAYROLL DIRECT DEPOSIT:

(Please staple "Voided" check here.)

Return this completed Authorization to:

Mrs. Lori Flores, Payroll Clerk
Black Hawk Area Special Ed
4670 11th Street
East Moline, IL 61244