

Direct Deposit Agreement

I (we) hereby authorize Platte County R-3, hereinafter called COMPANY, to initiate credit entries for me and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

Financial Institution Name:

Type of Account: Checking Savings

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

Printed Individual Name:

Signature:

Date:

/ /

**** PLEASE ATTACH A VOIDED CHECK BELOW ****

(A deposit slip will not be accepted)

