

**AUTHORIZATION AGREEMENT
FOR DIRECT DEPOSITS**

I (We) hereby authorize Richland Parish School Board, 72-6001154W
COMPANY NAME CO. Tax ID #

Hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries for any credit entries made in error to my (our)

Checking Savings (Select One)

account listed below and the financial institution named below, hereinafter called INSTITUTION, to credit or debit the same such account.

FINANCIAL INSTITUTION NAME CITY STATE ZIP CODE

ROUTING NUMBER ACCOUNT NUMBER

Please attach a voided check on the above account in order that we may verify the numbers provided above.

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

NAME(S) ON ACCOUNT (PLEASE PRINT) EMPLOYEE I.D. NUMBER

DATE SIGNATURE SIGNATURE