

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS FOR PAYROLL

I hereby authorize CLOVER SCHOOL DISTRICT to initiate direct deposit entries for payroll to my checking _____ or savings _____ account (select one) indicated by the attached voided check. If you do not have a check, please get a letter from your bank with your routing number and account number.

NAME _____

S.S. NUMBER _____ DATE _____

SIGNED _____

(PLEASE ATTACH A VOIDED CHECK HERE)
(DEPOSIT SLIPS ARE NOT ACCEPTED)

Return to:
Clover School District
Attn: Jane Robinson
604 Bethel Street
Clover, SC 29710