

**AUTHORIZATION AGREEMENT FOR DIRECT
DEPOSITING
SOUTHERN WILL COUNTY COOPERATIVE
FOR SPECIAL EDUCATION**

I hereby authorize Southern Will County Cooperative for Special Education hereinafter called COMPANY to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking/Savings account(s) indicated below and the depository names below, hereinafter called DEPOSITORY to credit and/or debit the same to such account.

FINANCIAL INSTITUTION: _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

PLEASE CIRCLE APPLICABLE ACCOUNTS:

CHECKING

SAVINGS

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

NAME(S) _____
(PLEASE PRINT) SOCIAL SECURITY NUMBER _____

DATE _____ SIGNED _____

*****PLEASE NOTE: A VOIDED CHECK MUST BE ATTACHED***
(A DEPOSIT TICKET IS NOT ACCEPTABLE)**