

School District of South Milwaukee
Authorization Agreement
For Automatic Deposits

I hereby authorize the School District of South Milwaukee, identification number 39-1155234, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) account indicated below and the bank named below, hereinafter called BANK, to credit and/or debit the same to such account.

Bank Name _____ Transit/ABA No. _____

City, State, Zip _____ Acct. No. _____

Type of Account: Checking _____ Savings _____

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 afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Name _____ Soc. Sec. No. _____

Signature _____ Date _____

Joint Account Holder's Signature _____ Date _____

Employee's e-mail address: _____

Employee Phone number: _____

Please attach a copy of a canceled or blank voided check in the above space.
Deposit slips **will not** be accepted.