

AUTHORIZATION FOR ACH CREDIT
DIRECT DEPOSITS

I hereby authorize TAYLORVILLE COMMUNITY UNIT DISTRICT NO.3, hereinafter called TCUD #3, to initiate credit entries to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account for payroll. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name

Account Number

Financial Institution Address

Account Type: (only check one)

Checking Savings

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Financial Institution Routing Number

This authorization is to remain in full force and effect until TCUD #3, has received written notification from me of its termination in such time and manner as to afford TCUD #3 and my FINANCIAL INSTITUTION a reasonable opportunity to act on it.

I hereby acknowledge receipt of a copy of this agreement.

Employee Name (please print)

Employee Address

Social Security Number

City/State/Zip

Employee Signature

Date

PLEASE ATTACH A VOIDED CHECK TO THIS FORM