



Please note: the first month must go through a verification process and you will receive a warrant.

## Authorization Agreement for Direct Deposit

I hereby authorize **ESD 105** to deposit my net pay to the financial institution below:

**Name of Financial Institution** \_\_\_\_\_

**Type of account: Checking**\_\_\_\_ **or Savings**\_\_\_\_\_

This authority is to remain in full force and effect until ESD 105 has received **written notification** from me of its termination in such time and in such manner as to afford ESD 105 and the Depository (bank or credit union) a reasonable opportunity to act on it.

**Name**\_\_\_\_\_ **Date**\_\_\_\_\_

**Signed**\_\_\_\_\_

**Please attach deposit slip or voided check or provide your bank account information below.**

**Account:**\_\_\_\_\_

**Routing:**\_\_\_\_\_