



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize Duncan Public Schools, herein called Employer, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (select one of the following) _____Checking _____Savings account indicated below and as designated on the corresponding payroll advice, and the depository named below, hereinafter called Depository, to credit and/or debit the same to my account.

Depository Name (Bank) _____

City _____

Transit/ABA NO. _____ Account No. _____

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

Name(s) _____ SS# _____

Date _____ Signature _____

Please attach a voided check with this form and return to

Julie Mullins
Central Office
1706 W. Spruce
Duncan, OK 73533
580-255-0686 Ext: 111