AUTHORIZATION AGREEMENT
AUTOMATIC DEPOSITS (CREDITS)

I hereby authorize and request the St. Charles R-VI School District to have my salary deposited directly and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking _____ or savings _____ account *(check only one).*

I hereby authorize and request my financial institution to credit the same to my account. I agree that my financial institution is not responsible for the correctness of any direct deposits to my account by my employer and shall not hold it liable for crediting my account accordingly.

Name_____

Social Security Number ___ ___ ___ -- ___ ___ -- ___ ___ ___ ___

Depository Name_____

Please attach a voided check from the account you want credited before returning this form.

PLEASE CHECK YOUR NEXT TWO PAYCHECKS VERY CAREFULLY.

They are likely to be **REAL** checks that need to be cashed or deposited while we are getting your account ready to accept direct deposit.

When the $$$ are replaced by the word "VOID" you can be sure direct deposit is active and the net amount on your pay stub has been deposited into the account you specified.

If you have any questions about direct deposit, please contact LEANNE GREER in the payroll office.

Signed: _____ Date: _____

This agreement is in accordance with the rules and operation procedure of the Mid-America Payment Exchange, as now in effect or hereafter modified.

Return this copy to: St. Charles R-VI School District
Attn: Benefits
400 North Sixth Street
St. Charles, MO 63301