



**Republic R-III School District**  
**Authorization Agreement for Direct Deposits**

I hereby authorize Republic R-III School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account and the Financial Institution to credit and/or debit the same to my account.

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking  Savings  Amount: \_\_\_\_\_

**Secondary Account Information (if applicable):**

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking  Savings  Amount: \_\_\_\_\_

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This authority is to remain in full force and in effect until Republic R-III School District has received written notification from me of its termination in such time and manner as to afford Republic R-III School District and named Financial Institution a reasonable opportunity to act on it.

**PLEASE ATTACH A VOIDED CHECK**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_