

DIRECT DEPOSIT AUTHORIZATION
Fruitport Community Schools

I authorize **Fruitport Community Schools** to initiate credit entries, and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the account and bank depository indicated below:

PLEASE NOTE: THIS DEPOSIT AUTHORIZATION DOES NOT TAKE EFFECT UNTIL THE SECOND PAYROLL FROM THIS DATE. [PRE-NOTE REQUIREMENT].

Deposit #1 information:

Bank _____ **Routing Number** _____

Account Type: **Checking** **Savings**

Deposit **Net Check** **or** **\$**

To Account Number: _____

Deposit #2 information:

Bank _____ **Routing Number** _____

Account Type: **Checking** **Savings**

Deposit **Net Check** **or** **\$**

To Account Number: _____

This authorization is to remain in effect until Fruitport Community Schools receives written notification from me of its termination in such time and in such manner as to afford Fruitport Community Schools and bank/credit union a reasonable opportunity to act on it. In an effort to help FCS with cost savings, I agree to accept pay advices to the below e-mail address, in lieu of printed advices.

Signature _____

Print Name _____ Date _____

e-mail address for advice delivery: _____