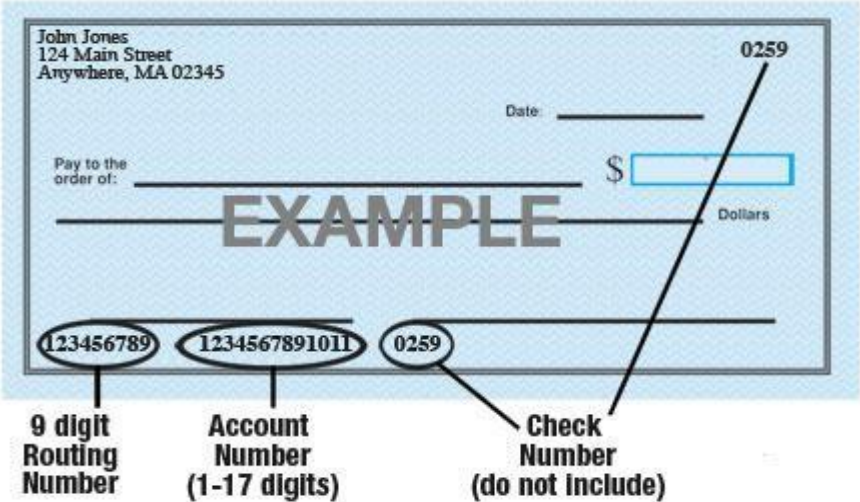


Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____
Address: _____
City, State, Zip: _____



Name of Bank: _____
Account #: _____
9-Digit Routing #: _____
Amount: \$ _____ _____ % or Entire Paycheck
Type of Account: Checking Savings (Check One)

Attach a voided check for each bank account to which funds should be deposited.

_____ [Gary Community School Corporation] is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: _____
Date: _____