



Direct Deposit Authorization From

_____ New Authorization

_____ Change Account

_____ Cancel Authorization

AUTHORIZATION AGREEMENT FOR DIRECT PAYROLL DEPOSIT

I hereby authorize Fox Valley Special Recreation Association ("FVSRA") to initiate payroll deposits (and the reversal of like-deposit) to my account with the Financial Institution indicated below. This authority is to remain in full force and effect until FVSRA has received written notification from me of its termination in such time and in such manner as to afford FVSRA and the Financial Institution a reasonable opportunity to act on it.

ACCOUNT INFORMATION

Indicate what kind of account, along with the amount to be deposited, if less than your total net pay.

Note: If splitting between two accounts please use specified dollar amount we cannot split between accounts using percentages.

1. Bank Name/City/State: _____

Routing/Transit # _____ Account # _____

Circle One: Checking / Savings

I wish to deposit: \$_____.____ Or _____ Entire Net Amount

2. Bank Name/City/State: _____

Routing/Transit # _____ Account # _____

Circle One: Checking / Savings

I wish to deposit: \$_____.____ Or _____ Remaining Net Amount

Employee Name: _____

(Please Print)

Employee Signature: _____

Date: _____

PLEASE ATTACH A CANCELLED/VOIDED CHECK

My Name
My Address
My City, State, Zip
Date _____

Pay to the order of _____ \$ _____ Dollars

Bank Name
Bank Address

VOID

101

471659165 225466946413 101

Routing Number Account Number Check Number