

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Lansing Christian School · 3405 Belle Chase Way · Lansing, MI 48911

I hereby authorize Lansing Christian School, hereinafter called COMPANY, to initiate credit entries to my account (s) as indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law.

Name _____
Account #1 Amount \$ _____ or percent of paycheck _____
Financial Institution _____
City _____ State _____ Zip _____
Type <input type="checkbox"/> checking account <input type="checkbox"/> savings account (select one)
Routing number _____ Account number _____

Account #2 Amount \$ _____ or percent of paycheck _____
Financial Institution _____
City _____ State _____ Zip _____
Type <input type="checkbox"/> checking account <input type="checkbox"/> savings account (select one)
Routing number _____ Account number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Employee signature _____ Date _____