

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Morgan Hill Unified School District to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereafter called DEPOSITORY, to credit and debit the same entries to such account.

DEPOSITORY NAME (Bank or Financial Institution) _____

CITY _____ STATE _____ ZIP CODE _____

BANK TRANSIT NUMBER _____

ACCOUNT NUMBER _____

CHECKING _____ SAVINGS _____

This authority is to remain in full force and effect until MHUSD has received written notification from me on its termination in such time (on or before the 10th of the month) and in such manner as to afford MHUSD and the institution a reasonable time to act on it, or upon termination of my employment from MHUSD. I have read the direct deposit instructions and understand that I should have automatic overdraft protection before signing up for this plan.

NAME (print) _____ SSN _____

SIGNATURE _____ DATE _____

ATTACH A "VOIDED" BLANK CHECK HERE