

## AGREEMENT FOR AUTOMATIC DEPOSITS

COMPANY: Northwest Public Schools  
2710 N North Rd  
Grand Island NE 68803-1199  
Tax ID #: 47-0481635

EMPLOYEE: \_\_\_\_\_

I hereby authorize Northwest Public Schools to credit entries to my account in the entity named below (Depository Institution) and I authorize the Depository Institution to accept and to credit the amount of such entries to my account beginning \_\_\_\_\_ and each month thereafter.

DEPOSITORY INSTITUTION: \_\_\_\_\_

TRANSIT/ABA NO: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the Company prior to receipt of notice of termination.

I also authorize Northwest Public Schools to email my direct deposit stub to the following email address:

\_\_\_\_\_

Employee: \_\_\_\_\_

Date: \_\_\_\_\_