



DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____

I hereby authorize Lake Forest Academy to initiate credit entries to my account(s) indicated below and the depository(s) named below to credit the same such account(s), and in the event a credit is made to my account in error, I authorize Lake Forest Academy to make a correcting entry under the condition that I am notified of the adjustment.

NOTE: YOU MUST ATTACH A VOIDED CHECK OR BANK STATEMENT FOR EACH ACCOUNT

DEPOSITORY: _____

Bank Name

_____ Checking

_____ Savings

_____ Address

_____ City/State

_____ Zip

Amount to be Credited: \$ _____ or % _____

Banking Transit/ABA: _____ Acct No. _____

DEPOSITORY: _____

Bank Name

_____ Checking

_____ Savings

_____ Address

_____ City/State

_____ Zip

Amount to be Credited: \$ _____ or % _____

Banking Transit/ABA: _____ Acct No. _____

This authorization is to remain in full force and effect until Lake Forest Academy has received written notification from me of its termination in such time and in such manner as to afford Lake Forest Academy a reasonable opportunity to act on it, or I complete and sign a new Automatic Deposit Form.

Signature

Date