

Daviess-Martin Special Education Cooperative

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Daviess-Martin Special Education Cooperative** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Daviess-Martin Special Education Cooperative** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Daviess-Martin Special Education Cooperative** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Daviess-Martin Special Education Cooperative** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Cooperative Treasurer.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature: _____ Date: _____

Please attach a voided check and return this form to Daviess-Martin Special Education office.

Email address: _____

*****Daviess-Martin Special Education Coop does direct deposit for all payroll checks. This form needs to be completed and returned to the coop office ASAP. Failure to complete and return this form will result in no payment until we receive your direct deposit information.