



**PAYROLL AGREEMENT FORM
AUTHORIZATION AGREEMENT
FOR DIRECT DEPOSITS
(ACH CREDIT)**

I hereby authorize Newman Catholic Schools, to initiate **CREDIT** entries to my _____ Checking or _____ Savings account (select one) indicated below at the depository financial institution named below, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Bank Name: _____

City/State/Zip: _____

Bank Routing #: _____

Bank Account #: _____

This authorization is to remain in full force and effective until Newman Catholic Schools has received written notification from me or my termination in such time and in such manner as to afford Newman Catholic Schools and Peoples State Bank a reasonable opportunity to act on it.

I also authorize

Date: _____

Employee's Name: _____
(please print)

Employee's Signature: _____

Please attach a blank check marked "VOID." This check will provide us with the necessary banking information to confirm routing and account numbers.

NOTE: ALL WRITTEN DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THAT AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN AUTHORIZATION.