

**Authorization Agreement for Direct Deposit of Payroll Check  
Mandatory as of July 1, 2005**

I hereby authorize **Kannapolis City Schools** to initiate credit entries or debit corrections to my \_\_ Checking \_\_ Savings account indicated below and the financial institution below to credit the same to such account.

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Financial Institution

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City

State

Zip Code

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Bank Transit/ABA Number

This authority is to remain in full force until **Kannapolis City Schools** has received written notification from me of its termination in such time and in such manner as to afford **Kannapolis City Schools** a reasonable opportunity to act on it.

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Printed Name

Social Security Number

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Signature

Date

**Please attach a voided blank check here:**