

Authorization for Direct Deposit – Employee Form

This form authorizes **LIBERTY PUBLIC SCHOOLS** (the Company) to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method to my account indicated below. This form authorizes the financial institution holding the account to post all such entries.

Account (check one) checking Savings

Bank Name

Bank Routing # (ABA#)

Account #

Attach a Voided Check here.

This authorization will be in effect until the Company receives a written termination notice from employee and has a reasonable opportunity to act on it.

Signature

Printed Name

Date