EUDORA U.S.D. NO. 491
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I authorize Eudora U.S.D. No. 491 to process the following transaction(s):

_____*NEW* _____*ADD* _____*CANCEL*

FINANCIAL INSTITUTION _____

BANK ROUTING NO. _____ ACCOUNT NO. _____

AMOUNT _____**OR** PERCENTAGE _____ CHECKING ____ SAVINGS ____

_____*NEW* _____*ADD* _____*CANCEL*

FINANCIAL INSTITUTION _____

BANK ROUTING NO. _____ ACCOUNT NO. _____

AMOUNT _____**OR** PERCENTAGE _____ CHECKING ____ SAVINGS ____

_____*NEW* _____*ADD* _____*CANCEL*

FINANCIAL INSTITUTION _____

BANK ROUTING NO. _____ ACCOUNT NO. _____

AMOUNT _____**OR** PERCENTAGE _____ CHECKING ____ SAVINGS ____

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This authorization will remain in effect until Eudora U.S.D. No. 491 has received written notification from me of its termination in a timely manner for Eudora U.S.D. No. 491 to act on it.

Funds sent to a closed account will not be re-issued until the receiving Financial Institution returns the funds to Eudora U.S.D. No. 491.

_____ _____
Name Printed Social Security Number

_____ _____
Signature Date

NOTE: PLEASE ATTACH A VOIDED CHECK, A DEPOSIT SLIP, OR BANK DOCUMENT WITH ROUTING NUMBER AND ACCOUNT NUMBER.