

**CAMERON PARISH SCHOOL BOARD**  
**510 Marshall Street**  
**Cameron, LA 70631**  
**Phone: 337-775-5784 Fax: 337-775-5572**  
[www.camsch.org](http://www.camsch.org)

*Authorization Agreement for Automatic Deposit*

Employee Name \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

Employee Location: \_\_\_\_\_

I (We) hereby authorize the Cameron Parish School Board to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account.

This authority is to remain in full force and effect until the Cameron Parish School Board has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Cameron Parish School Board and above named bank a reasonable opportunity to act on it. Furthermore, I (we) agree not to change banks or accounts with the below named bank more than twice within a calendar year. Events which qualify for an exception to the above rule regarding changes in accounts or banks are: 1) Death of either spouse 2) Lost or stolen checks 3) Divorce or separation of spouse or 4) Approval from Superintendent for other reasons.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***All changes for direct deposit must be in by the 10<sup>th</sup> of the month***

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**FOR DEPOSIT TO CHECK ACCOUNTS – ATTACHED A VOIDED CHECK  
FOR DEPOSIT TO SAVINGS ACCOUNT – PLEASE HAVE BANK COMPLETE THE FOLLOWING:**

NAME OF BANK: \_\_\_\_\_

BANK TELEPHONE NUMBER: \_\_\_\_\_

TYPE OF ACCOUNT (SELECT ONE)     CHECKING     SAVINGS

BANK ROUTING NUMBER: \_\_\_\_\_

CUSTOMER ACCOUNT NUMBER: \_\_\_\_\_

**BANK PERSONNEL SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Submit Original Signature copy with voided check attached to Payroll Department.**