



IROQUOIS SPECIAL EDUCATION ASSOCIATION

106 EAST FRONT STREET • GILMAN • ILLINOIS • 60938
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DIRECT DEPOSIT CREDIT/DEBIT AUTHORIZATION FORM

I hereby authorize **Iroquois Special Education Association** to initiate entries to my checking/savings accounts at the Financial Institution listed below and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until **Iroquois Special Education Association** is notified by me, in writing to cancel it in such time as to afford **The Iroquois Special Education Association** and **The Financial Institution** a reasonable opportunity to act on it.

(Name of Employee - Please Print)

(Employee's Social Security Number)

(Name of Financial Institution - Please Print)

Financial Institution Routing Number: _____

Checking Account Number: _____

Amount to checking: _____

Savings Account Number: _____
(Optional)

Amount to savings: _____
(Optional)

Signature

Date