



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Salem Baptist Christian School to initiate automatic deposits to my account at the financial institution named below. I also authorize Salem Baptist Christian School to make withdrawals from this account in the event that a deposit is made in error.

Further, I agree not to hold Salem Baptist Christian School responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Salem Baptist Christian School receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the main school office.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): Date: _____