

**SOUTHWEST COOK COUNTY COOPERATIVE ASSOCIATION
FOR SPECIAL EDUCATION**

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize SOUTHWEST COOP, hereinafter called District, to initiate credit entries in the net amount of paycheck and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking account at the depository named below, hereinafter called DEPOSITORY.

Please Print

DEPOSITORY NAME _____
(Checking Account Facility)

BRANCH ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER (_____) _____

This authority remains in full force and in effect until DISTRICT has received written notification from me of its termination in such time and in such manner as to afford DISTRICT and DEPOSITORY a reasonable opportunity to act on.

NAME _____

SOCIAL SECURITY # _____ LOCATION _____

SIGNATURE _____ DATE _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.

PLEASE RETURN TO:
*Southwest Cook County Cooperative
Association for Special Education
6020 West 151st Street
Oak Forest, IL 60452-1899
Attention: Payroll*