

LOCKPORT AREA SPECIAL EDUCATION COOPERATIVE

1343 E 7<sup>th</sup> St, Lockport, IL 60441

815.838.8080(p)

815.838.8086(f)

# Direct Deposit Authorization

I authorize Lockport Area Special Education Cooperative to send credit entries, as well as appropriate adjustments and debit entries, to my/our accounts as indicated below.

### Account #1

Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Institution Name: \_\_\_\_\_

Bank Routing #/ ABA #: \_\_\_\_\_ Account#: \_\_\_\_\_

Percentage or amount (if less than net pay) to be deposited into this account: \_\_\_\_\_

### Account #2

Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Institution Name: \_\_\_\_\_

Bank Routing #/ ABA #: \_\_\_\_\_ Account #: \_\_\_\_\_

Percentage or amount to be deposited into this account: \_\_\_\_\_

*Please attach a voided check or direct deposit form  
from bank **for each account** here*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number