

LOCKPORT AREA SPECIAL EDUCATION COOPERATIVE

1343 E 7th 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