

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

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Request For (Only Check One):

Initial Request

Change

Cancellation

Personal Data

Employee Name: _____

Social Security Number (Last Four Digits): _____

Address: _____

City, State, Zip Code: _____

Is this a change of address? Yes No

Financial Institution Data

Financial Institution: _____

Routing Number: _____ Account Number: _____

Type of Account: Checking Savings

Authorization

I hereby authorize SOUTHWEST COOPERATIVE, to initiate credit entries in the net amount of my paycheck and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account at the financial institution listed. This authority remains in full force and in effect until SOUTHWEST COOPERATIVE has received written notification from me of its termination in such time and in such manner as to afford SOUTHWEST COOPERATIVE and my financial institution a reasonable opportunity to act on.

Employee Signature: _____ Date: _____

**Attach Voided Check or Financial Institution Direct Deposit Enrollment Form.
Return completed form to Payroll Office at 6020 W. 151st Street, Oak Forest, IL 60452.**

Payroll Office Use:

Date Received: _____

Payroll Pre-Note: _____