

# COTTER PUBLIC SCHOOLS

P.O. BOX 70 · COTTER, ARKANSAS 72626

## Authorization for Direct Deposit

I hereby authorize Cotter Public Schools to direct deposit my pay into the account on the voided check below. This authority will remain in effect until Cotter Public Schools receives written notification from me canceling this option.

Employee Name: \_\_\_\_\_

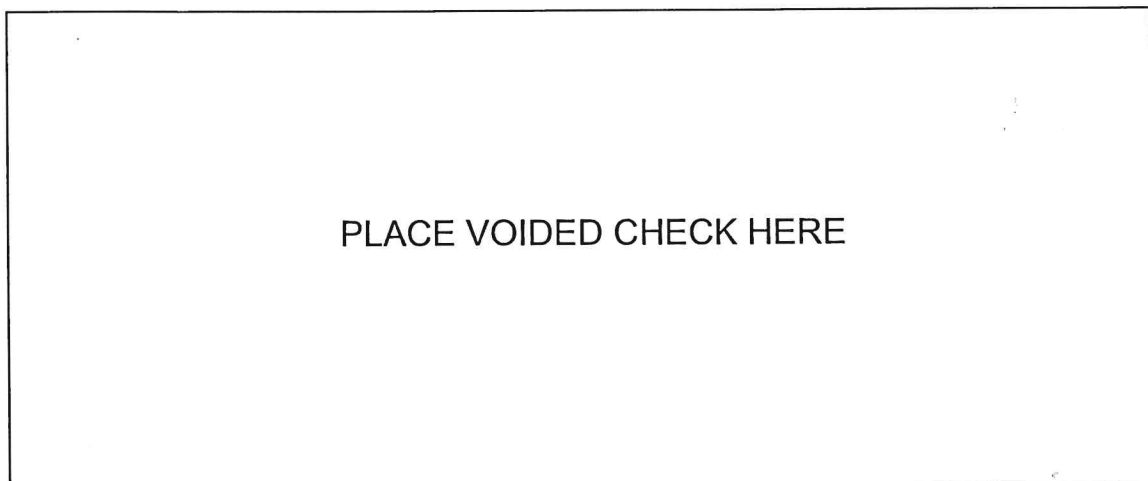
Employee Signature: \_\_\_\_\_

Bank name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number : \_\_\_\_\_

**Or**



**“HOME OF THE WARRIORS”**