

Kentucky Educational Development Corporation

AUTHORIZATION AGREEMENT PAYROLL DIRECT DEPOSIT FORM

I hereby authorize the *Kentucky Educational Development Corporation*, hereinafter called KEDC, to initiate credit entries to my account using the information below. This authorization is to remain in full force and effect until KEDC has received written notification from me of its termination in such time and in such manner as to afford KEDC and Depository a reasonable opportunity to act on it. In the event of an error, I understand that the initiation of a debit entry to my account may be necessary to correct an erroneous credit entry. Finally, KEDC has my permission to provide the Depository with a copy of this authorization upon request of the Depository.

EMPLOYEE INFORMATION

NAME _____ SOCIAL SECURITY# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DEPOSITORY INFORMATION

FINANCIAL INSTITUTION NAME _____

ADDRESS _____ ROUTING# _____

CITY _____ STATE _____ ZIP _____

() CHECKING ACCOUNT () SAVINGS ACCOUNT

ACCOUNT # _____

EMPLOYEE'S SIGNATURE

DATE

KEDC REPRESENTATIVE

DATE

ALL INFORMATION MUST BE PROVIDED TO BE ELIGIBLE FOR DIRECT DEPOSIT

