

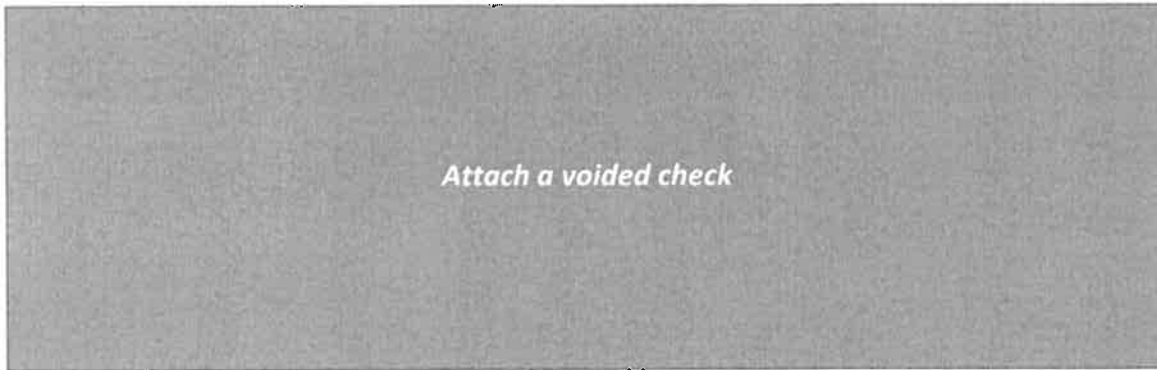
## School Direct Deposit Authorization

I, \_\_\_\_\_, certify that the checking account listed below is the bank account of \_\_\_\_\_, and I authorize the South Carolina Public Charter School District to deposit funds into this account.

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

Bank Routing / ABA# \_\_\_\_\_

Bank Account # \_\_\_\_\_



\_\_\_\_\_  
Signature of School Leader or Board Chairperson

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date