



Direct Deposit Authorization Form

Name:	Email
Bank/ Financial Institution	Routing Number

Account Number _____ Please check the applicable option: Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Reimbursements are issued from our main office: PACE Financial Coordinator PO Box 800 Craig, AK 99921
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Family Group Number	
Student Name(s)	

I authorize PACE Homeschool Craig City School District and the above Financial Institution to deposit my reimbursement amounts into my account.

(Signature)

(Date)

Attach Voided Check(s) / Deposit slip here.