



**Direct Deposit Authorization Form**

Name:	Email
Bank/ Financial Institution	Routing Number

Account Number  _____	Reimbursements are issued from our main office: Craig PACE Office PO Box 800 Craig, AK 99921
Please check the applicable option: Checking <input type="checkbox"/> Savings <input type="checkbox"/>	

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

\_\_\_\_\_

**(Signature)**

\_\_\_\_\_

**(Date)**

<p><b>Attach Voided Check(s) / Deposit slip here.</b></p>
---