ABERDEEN HALL
PREPARATORY SCHOOL

Direct Deposit Authorization Form

Please print and complete the information below.

Name: _____

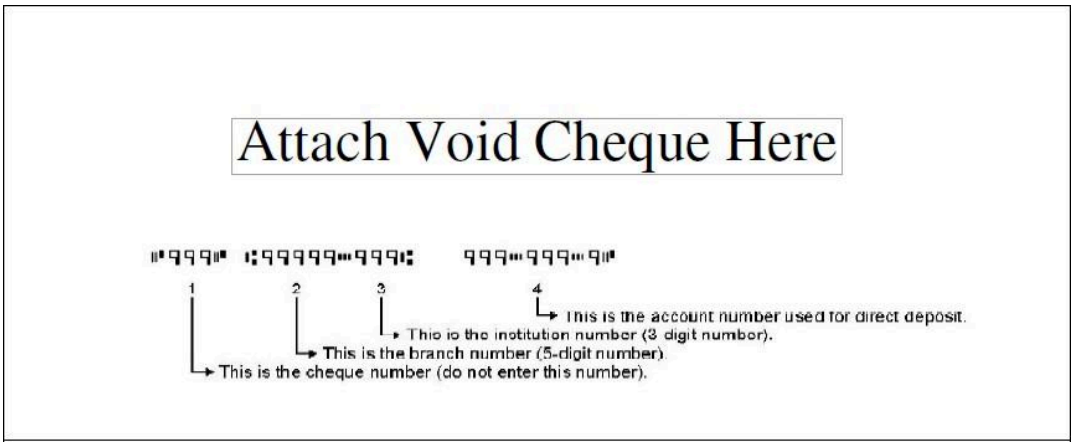
Address: _____

Name of Financial Institution: _____

Bank Institution #:___*___*___

Transit#:___*___*___*___*___

Account #:___*___*___*___*___*___*___*___*___*___*___*___*___



Direct Deposit email notification of payment to your account

Email: _____

Aberdeen Hall is hereby authorized to directly deposit payments to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Signature: _____

Date: _____

RETURN EMAIL: tamie.rusk@aberdeenhall.com

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