



Lafayette County C-1 School District  
805 West 31<sup>st</sup> St Higginsville, MO 64037

Phone: 660-584-3631

Fax: 660-584-2622

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### **SUBSTITUTE TEACHER APPLICATION PROCESS**

Thank you for your interest in substitute teaching for the Lafayette County C-1 School District. To be eligible to substitute you must obtain a substitute certificate from the Department of Elementary and Secondary Education or hold a valid teaching certificate from the State of Missouri. Below are directions to help you with this process:

STEP 1 - Set an appointment with 3M/Cogent to capture your fingerprints.  
(Information sheet included)

STEP 2 – Apply for substitute certificate on-line with DESE at <http://dese.mo.gov>.  
(Information sheet included)

STEP 3 – Mail original transcripts to DESE (write in educator ID or SS number and “SUB CERT”) DESE, Attn: Certification, PO Box 480, Jefferson City, MO 65102  
Certificate will be “issued” not mailed. Applicant can print a copy on their computer.

STEP 4 –Complete and return this application packet to Lafayette Co. C-1 School District.

For questions, please contact Tania Pessetto at 660-584-6076 or  
[pessettot@huskersk12.org](mailto:pessettot@huskersk12.org)

### **GENERAL INFORMATION**

The rate of pay for substitute teachers is \$90.00 per day. Substitute teachers are paid on the 25<sup>th</sup> of the month. Cut off for days to be included on checks will be the 18<sup>th</sup> of the month.

If you are scheduled to substitute for a given day and an emergency arises that you need to cancel, please inform the proper school office immediately. The school offices are open from 8am-4pm Monday thru Friday.

#### Elementary School

660-584-7127

After Hours~ Jenni Hayes

660-584-3449

#### Middle School

660-584-7161

After Hours~ Jove Stickel

573-692-3448

#### High School

660-584-3661

After Hours~ Todd Whitney

660-460-1245

**LAFAYETTE COUNTY C-1 SCHOOL DISTRICT**  
**805 West 31<sup>st</sup> Street**  
**Higginsville, Missouri 64037**  
**660-584-3631**

<b>OFFICE USE</b>	
_____	Case.net Cleared
_____	Cleared Background
_____	Certificate Expires

**APPLICATION TO SUBSTITUTE TEACH**

- 1) Set an appointment with 3M/Cogent to capture your fingerprints. (information sheet included)
- 2) Apply for substitute certificate on-line with DESE at <http://dese.mo.gov>. (information sheet included)
- 3) Mail original transcripts to DESE (write in educator ID or SS number and "SUB CERT")
- 4) Complete and return this application packet to Lafayette County C-1 School District.

**PERSONAL INFORMATION**

Date \_\_\_\_\_

Educator ID issued by DESE \_\_\_\_\_

Phone \_\_\_\_\_

Social Security \_\_\_\_\_

Name \_\_\_\_\_

Last

First

MI

Address \_\_\_\_\_

Street

City/State/Zip

Have you been convicted of a felony or misdemeanor within the last 5 years? Yes  No

Describe: \_\_\_\_\_

Are you presently working at another school other than substituting? Yes  No

If yes, are you a part of the PSRS or PEERS Retirement System? Yes  No

EDUCATION	NAME/LOCATION OF SCHOOL	COLLEGE HOURS	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
COLLEGE			

**SUBSTITUTING DESIRED**

Are you interested in being a homebound teacher?  Yes  No

Circle all days available to substitute and mark times available.

	Monday	Tuesday	Wednesday	Thursday	Friday
All day	_____	_____	_____	_____	_____
AM only	_____	_____	_____	_____	_____
PM only	_____	_____	_____	_____	_____

Circle all buildings you will substitute in:

Elementary

Middle School

High School

If you are only able to substitute during your school breaks please list those dates here:

\_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_

**FORMER EMPLOYERS** (List last four employers, starting with **last one first**.)

DATE (Month/Year)	NAME/ADDRESS/PHONE # OF EMPLOYER	POSITION	REASON FOR LEAVING
From: To:			
From: To:			
From: To:			
From: To:			

**REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	PHONE	BUSINESS	YEARS ACQUAINTED

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

\_\_\_\_\_  
Signature

This district is an equal opportunity employer and does not discriminate because of race, color, creed, age, sex, national origin, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

**The following items should be completed and included with this application:**

1. Copy of documents needed in section 2 of the I-9.
2. Child Abuse or Neglect Record Check form
3. Federal W-4
4. State W-4
5. Cleared Criminal Background Letter or receipt showing fingerprinting has been done
6. Copy of substitute certificate
7. Direct Deposit Form

## FBI/Highway Patrol Background Check Procedures

### Registration Process and Procedures - Missouri Residents

All applicants must pre-register at the Missouri Automated Criminal History Site (MACHS) [www.machs.mo.gov](http://www.machs.mo.gov) for a fingerprint-based background check. The background check is performed by both the Missouri State Highway Patrol (MSHP) and the Federal Bureau of Investigation (FBI). After pre-registration, all Missouri-based applicants must visit one of the IdentoGo® office locations for fingerprinting (see the "Search For Fingerprint Locations Near You" link at [www.machs.mo.gov](http://www.machs.mo.gov)). A four-digit registration code is required to ensure that the results of the background check are returned to the correct organization for processing. Please see the following charts for the appropriate registration codes.

1160	Certified Teachers
1161	Substitutes
1162	Support Staff (custodians, secretaries, ect)
1163	Bus Drivers

### Registration Process and Procedures - Non-Missouri Residents

Applicants located outside the state of Missouri are also required to pre-register (see above) at the MACHS website ([www.machs.mo.gov](http://www.machs.mo.gov)) to initiate their fingerprint-based background checks. After pre-registration, these applicants must mail their completed fingerprint cards to IdentoGo® for processing. For detailed directions, please access the IdentoGo® website at: [https://www.identoGo.com/uploads/general/UEP\\_MO\\_card\\_scan\\_instructions.pdf](https://www.identoGo.com/uploads/general/UEP_MO_card_scan_instructions.pdf). If you have any questions about the registration process or fingerprinting procedures outside of Missouri, please contact IdentoGo® customer service at 844-543-9712 or the MSHP's Criminal Justice Information Services Division (CJIS) at 573-526-6312.

### Internet Access and Fingerprinting Site Locations

Applicants who do not have internet access may contact IdentoGo® at 844-543-9712 to initiate and complete the registration process. Please note: a four-digit registration code (see codes above) is required to initiate and complete the online registration process. All Missouri IdentoGo® fingerprint locations are listed at the MACHS website's "Search for Fingerprint Locations Near You" link ([www.machs.mo.gov](http://www.machs.mo.gov)).

### Processing Fees

The processing fee for both Missouri and non-Missouri residents is \$40.50. Missouri residents will complete payments on site during the fingerprinting process. Non-Missouri residents will complete payments online during the pre-registration process. For additional information about fees, please visit [www.machs.mo.gov](http://www.machs.mo.gov).

### Fingerprint/Background Check Results

Fingerprint/Background check information for educators and substitute teachers will be recorded on their profile page at the Missouri Department of Elementary and Secondary Education (DESE) Educator Certification System website. The reported results will be made available to the designated school district, based upon the registration code provided during the preregistration process. The results for non-certified staff members and bus drivers will not be available on the DESE Educator Certification System website and cannot be used for certification purposes. These results will only be available to the designated school district, based upon the registration code provided during the pre-registration process.

**REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD**

TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions. <input type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - (\$13.00) and CD Central Registry Child Abuse Search <input type="checkbox"/> (3) Fingerprint Search & CD Central Registry Child Abuse Search <input type="checkbox"/> \$14.00 (Authorized Statute 210.487) <input type="checkbox"/> \$20.00 (All other request)	TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered
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**IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.**

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)					
MAIDEN NAME	DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE	
ALIAS NAME(S)	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER / STATE /		
ADDRESSES FOR PAST 5 YEARS					
STREET	CITY	STATE	STREET	CITY	STATE

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?

YES (Complete section below)     NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Children's Division in this state or any state?

YES (Complete section below)     NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)

**The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.**

SIGNATURE OF APPLICANT (REQUIRED IN INK)	DATE
SIGNATURE OF REQUESTOR (Required in ink)	DATE
TITLE OF CHILD CARE PROVIDER	TELEPHONE
STATE AGENCY	STATE VENDOR OR CONTACT NO. (If applicable)

CHECK APPROPRIATE BOX

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER	<input type="checkbox"/> DMH / DMH VENDOR	<input type="checkbox"/> CD CONTRACT PROVIDER
<input type="checkbox"/> CD LICENSURE	<input type="checkbox"/> HEALTH CARE	<input type="checkbox"/> OTHER _____

<p style="text-align: center;">COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below Confidential Mail</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 5px;">AGENCY NAME</td></tr> <tr><td style="padding: 5px;">ATTENTION</td></tr> <tr><td style="padding: 5px;">ADDRESS</td></tr> <tr><td style="padding: 5px;">CITY, STATE, ZIP CODE</td></tr> </table>	AGENCY NAME	ATTENTION	ADDRESS	CITY, STATE, ZIP CODE	<p>SEND FEE &amp; FORM TO:</p> <p>Missouri State Highway Patrol Criminal Justice Information Services Division P.O. Box 9500 Jefferson city, MO 65102</p>
AGENCY NAME					
ATTENTION					
ADDRESS					
CITY, STATE, ZIP CODE					

The purpose of this form is to provide information available to child care agencies including volunteer agencies. The records you receive will be based on the search options you select. The Missouri State Highway Patrol will respond when you choose option 2 or 3. The Missouri Children's Division will respond when you choose option 1, 2, or 3. Direct questions regarding criminal records to the Missouri State Highway Patrol (573-526-6153); direct questions regarding child abuse or neglect to the Children's Division (573-526-1438, TT: 1-800-735-2466).

**The information on this form, and responses generated as a result of this form, are confidential. Any person disclosing the information in violation of 43.540, 589.400, RSMo. and/or 210.150 RSMo. is guilty of a class A misdemeanor.**

For information on how to participate in the Child Abuse/Neglect Central Registry examination program, submit a written request from the CEO, owner, director, etc. of your child care related group or organization to: **Director, Children's Division, P.O. Box 88, Jefferson City, MO 65103.**

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**PROCESSING FEE SCHEDULE INFORMATION (43.527 AND 43.530 RSMo.)**

By checking boxes 1 thru 3 on the front page of this form, the following applies:

1. CD Central Registry Child Abuse Search Only - No Charge Provides information obtained from the Children's Division Central Registry only. The Children's Division (CD) Central Registry screening will reflect information contained in the CD database. Any questions about the accuracy of that information should be directed to the CD office in the residential county of the applicant or the county of employment if the applicant is not a Missouri resident.
  - a) Complete the request form.
  - b) Mail completed form to: **Missouri Children's Division, Background Screening / Investigations Unit, P.O. Box 88, Jefferson City, MO 65103.**
  
2. Name Search - \$13.00 Provides open records obtained from the Missouri Criminal Record Repository and information from Missouri Children's Division Central Registry.
  - a) Complete the request form.
  - b) Make a check or money order for \$13.00 payable to "State of Missouri Criminal Records System."
  - c) Mail completed form and check or money order to: **Missouri State Highway Patrol, Criminal Justice Information Services Division, P.O. Box 9500, Jefferson City, MO 65102.**
  
3. Fingerprint Search - \$14.00/\$20.00 Provides open and closed records with positive identification obtained from the Missouri Criminal Records Repository and information from Missouri Children's Division Central Registry.
  - a) Complete the request form.
  - b) Obtain fingerprints on: Applicant card FD-258. Official taking fingerprints must verify identity of person fingerprinted with an official id such as a driver's license and sign the card as the person taking the fingerprints. Complete the rest of the card as applicable.
  - c) Make a check or money order for \$14.00/\$20.00 payable to "State of Missouri Criminal Records System."
  - d) Mail completed forms and check or money order to: **Missouri State Highway Patrol, Criminal Justice Information Services Division, P.O. Box 9500, Jefferson City, MO 65102.**

**OPEN RECORDS** - convictions, charges pending, arrests less than thirty days old, and suspended imposition of sentence during probation.

**CLOSED RECORDS** - charges not filed, not prosecuted, dismissed, or subject found not guilty or suspended imposition of sentence after probation.

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SPACE RESERVED FOR MSHP/CD RESPONSE STAMP



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

**AUTHORIZATION FOR DIRECT DEPOSITS (ACH CREDITS)**

Lafayette County C-1 School District  
Federal ID # 44-6005459

I hereby authorize Lafayette County C-1 School District, hereinafter called COMPANY, to initiate credit entries to my  Checking  Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

DEPOSITORY NAME \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authority is to remain in full force and effect until CORPORATION has received written notification from me of its termination in such time and in such manner as to afford CORPORATION and DEPOSITORY a reasonable opportunity to act on it.

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**IMPORTANT! CHECK TYPE OF ACCOUNT:  CHECKING  SAVINGS**

**Tape Your Voided Check Here**