

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Use this form to add, change, or cancel a direct deposit. Each account requires a separate form and all changes must be in writing.

A partial deposit requires a flat dollar amount to be specified. A full direct deposit requires net pay to be deposited into one account. (If a partial deposit of a flat dollar amount is specified, the balance will go into another account or be issued as a check if no secondary account is listed.)

To set up direct deposit you must:

- Find out if the institution accepts direct deposits. Verify the transit number and your account number.
- Notify the financial institution that you are setting up direct deposit through payroll. Determine if there are special requirements.

Please check the appropriate blank:

New Account Change Partial Amount Cancel Account

Bank Name: _____

Transit (ABA) #: _____ Account #: _____

Please check the appropriate account type:

Checking Account _____

Savings Account _____

Full Deposit _____

Full Deposit _____

Partial Deposit \$ _____

Partial Deposit \$ _____

(Specify Amount)

(Specify Amount)

I hereby authorize **FILER SCHOOL DISTRICT #413** to initiate deposit to my account(s) as indicated above and the depository named above, to credit the same to such account.

Employee Name: _____

Employee Signature: _____ Date _____

PLEASE ATTACH A VOIDED CHECK