



Direct Deposit Enrollment Form

**Authorization Agreement for Direct Deposit**

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
 (Employee Name) (School district)

to initiate credit entries and initiate debit entries and adjustments for any credit entries made in error to my account to:

	Primary Account	Secondary account #1	Secondary account #2
Financial institution name			
Financial institution routing/transit # (must be 9 digits)			
Account number			
Type of account (checking or savings)			
Amount to deposit			

This authorization is to remain in full force and effect until \_\_\_\_\_  
 (School district)

has received written notification from me of its termination in such time and in such manner as to afford the District and the Financial Institution a reasonable opportunity to act on it.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_