



**MINOOKA COMMUNITY CONSOLIDATED SCHOOL DISTRICT #201**

Business Office  
305 W. Church Street Box 467, Minooka, IL 60447  
Phone: (815) 467-6121, Fax: (815) 467-9544

**Authorization Agreement for Direct Deposit**

I hereby authorize Minooka Community Consolidated School District #201, hereafter called Company, to initiate credit/debit entries to my ( ) Checking ( ) Savings account indicated below at the depository financial institution named below, and to credit/debit the same to such account(s). To set up direct deposit to more than one account, please duplicate this form and fill out one form for each account.

BANK NAME: \_\_\_\_\_

ROUTING# \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

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

EMPLOYEE NAME (Please Print): \_\_\_\_\_

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

.....  
Deposit 100% of Earnings to this account \_\_\_\_\_

Deposit Flat dollar amount to this account \_\_\_\_\_ Dollar Amount \$ \_\_\_\_\_

Deposit Balance of Earnings to this account \_\_\_\_\_

**Please attach a voided check here for the account you wish to have your payroll credited to.**