

# Regional School District No. 17

## Authorization Agreement for Automatic Deposit of Payroll

I hereby authorize Regional School District No. 17 to make automatic direct deposit to the account and financial institution indicated below. This authorization will remain in effect until such time as the payroll department receives written notification from me of its termination. Any such termination notification shall become effective upon receipt by the payroll department. I understand that this will take effect following a reasonable period for its implementation. I understand that I will continue to receive a statement of earnings and payroll deductions each payday.

I understand that if my direct deposit is returned to RSD17 due to my error or neglect to give proper notification for direct deposit, I am responsible for the bank fees incurred by Regional School District No. 17.

**INDICATE TYPE OF ACCOUNT - YOU MAY CHOOSE ONE OR TWO ACCOUNTS, NET AMOUNT SHOULD GO INTO SECOND ACCOUNT.**

**FOR SAVINGS ACCOUNTS, CONTACT YOUR BANK TO GET ABA/ROUTING NUMBER.**

**Set amount \*** This account is a ( ) Checking Account ( ) Savings Account Amount \$ \_\_\_\_\_  
\*(selecting Amount Only will ALWAYS direct deposit up to this amount in EVERY and ALL checks)  
 Example: amount \$100.00 net ck \$50.00 entire \$50.00 will be direct deposit. net ck \$110.00 \$100.00 dir dep \$10.00 hard ck or other dir dep

FINANCIAL INSTITUTION: \_\_\_\_\_

ABA/ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

**Net amount only** This account is a ( ) Checking Account ( ) Savings Account

FINANCIAL INSTITUTION: \_\_\_\_\_

ABA/ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

This authorization is to remain in full force and effect until RSD17 has received written notification from me of its termination in such time and in such manner as to afford RSD17 and the Financial Institution a reasonable opportunity to act on it.

Direct Deposits become effective after bank pre-note is verified. Approximately 2 payrolls

NAME: \_\_\_\_\_  
(same as on your Account – please print neatly)

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

EMAIL ADDRESS: \_\_\_\_\_  
Authorizes us to send your pay stub via email on payday

**Please attach VOIDED CHECK here**

Your Name _____	Date _____ 1111
Your Address _____	Date _____ 20____
Your City, State, Zip _____	
Pay to the order of _____	\$ _____
	Dollars
For _____	

Routing Number    Account Number