

# DIRECT DEPOSIT AUTHORIZATION

New

Change

Cancel

Name:	Employee Number:
Contact phone number:	School Site:
Name of Bank/Credit Union:	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Routing/Transit #:	Account #:

I hereby authorize Oak Grove School District, and/or their agents, to initiate electronic deposits, and if necessary, debit entries and adjustments for any credit entries made in error to the above account.

I agree to hold harmless and indemnify the District, their officers, employees and agents from any claim, demand or whatever nature for failure or delay in making deposits and/or corrections to deposit and herein authorized.

I further understand:

- Direct deposit status will be activated after one (1) payroll cycle for NEW or Change authorizations.
- I must submit a new authorization form if I change my account (name, institution, branch, type of account, etc.)
- I am responsible for any/all charges that result from a failure or delay in making deposits and/or corrections to deposits, no matter the reason for the failure or delay.
- Direct deposit status may be suspended or rescinded by the District and payment made by County warrant.

This authorization replaces any previously made by me and is to remain in effect until changed, canceled by submission of a new Direct deposit authorization form, or upon termination of my employment from the District.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attach a voided check here or attach a form from you Bank with your routing/transit number and checking/savings account number.**

**\* No deposit slips accepted \***

Payroll use only:

Processed by \_\_\_\_\_ Date \_\_\_\_\_