

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

**NAME (PRINT)** \_\_\_\_\_ **ID/SSN** \_\_\_\_\_

I hereby authorize School District No. 25 and the financial institution listed below to:

Initiate       Terminate (Complete only if terminating: Date \_\_\_\_\_ Initials \_\_\_\_\_ )  
credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my  
 Checking    or     Savings account.

**FINANCIAL INSTITUTION** \_\_\_\_\_

**TRANSIT / ABA NO** \_\_\_\_\_ **ACCOUNT NUMBER** \_\_\_\_\_

This authority is to remain in full force and effect until School District No. 25 has written notification from me of any changes. The notification must be received by the Payroll Office at least ten (10) working days before the effective pay date to afford a reasonable opportunity to act on it.

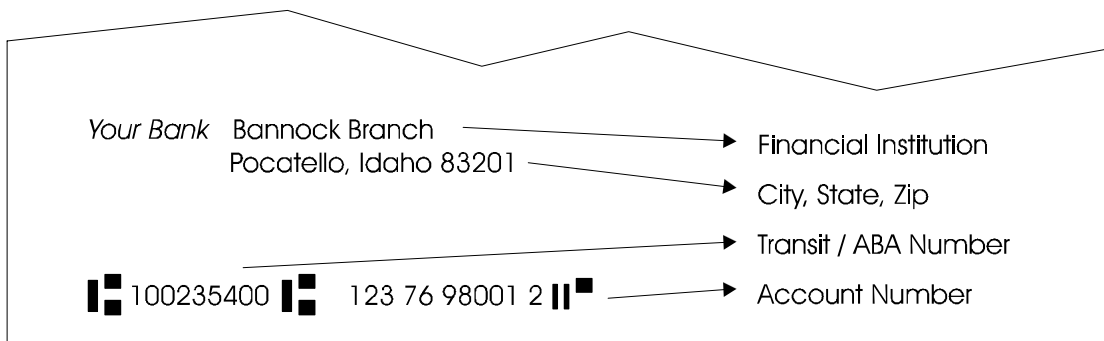
**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

***PAYROLL USE ONLY***

Account verified \_\_\_\_\_ Entry Date \_\_\_\_\_ By \_\_\_\_\_ Bank Code \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THIS FORM**

1. This form can only be used as an initiation. Please indicate the type of account where you want your check deposited.
2. Complete all of the areas in bold print using the example and guidelines below to help you.
  - A. Use a **VOIDED CHECK** to get the information you need.
  - B. The **TRANSIT/ABA NUMBER** will always be 9 digits long and will be enclosed by this symbol: **■**
  - C. The **ACCOUNT NUMBER** will usually follow the **TRANSIT/ABA NUMBER** and will be followed by this symbol: **■**



3. If you want your check to be deposited into a savings account, you will need to get a form from your bank with that bank's **TRANSIT/ABA NUMBER** and your **SAVINGS ACCOUNT NUMBER** printed on it.
4. **If this is an initiation, attach a Voided Check to this form and return it to the Payroll Office.**