

**South St. Paul Schools
Special School District No. 6
Authorization Agreement for Automatic Deposit**

I hereby authorize South St. Paul Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) accounts listed below. If I designate more than one account, I understand this constitutes a split deposit of my credit entry with a portion, as so designated by the indicated dollar amounts going to each designated account.

↓ **PRIMARY DIRECT DEPOSIT** ↓

Note: Total amount of *NET CHECK* will be deposited to this account unless otherwise specified below.

<input type="checkbox"/> Add <input type="checkbox"/> Change		
_____	_____	_____
*Financial Institution	Routing Number	Account Number
_____	<input type="checkbox"/> Savings <input type="checkbox"/> Checking	*<u>MUST</u> attach a voided check.
Branch Location	Type of Account	<i>All info will remain secure</i>

↓ **DEPOSITS TO ADDITIONAL ACCOUNTS** ↓

Note: Accounts below are **ONLY** to be filled in if you would like specific amounts to be sent to additional accounts. (i.e.) savings and checking). Be sure to include voided checks for each account noted below.

<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change		
_____	_____	_____
*Financial Institution	Routing Number	Account Number
_____	\$ _____	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
Branch Location	Amount	Type of Account
		*<u>MUST</u> attach a voided check

<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change		
_____	_____	_____
*Financial Institution	Routing Number	Account Number
_____	\$ _____	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
Branch Location	Amount	Type of Account
		*<u>MUST</u> attach a voided check

The authority is to remain full force until Employer has received written notification from me of its termination: in such timely manner as to afford Employer and Financial Institution a reasonable opportunity to act on it. The authority includes authorization to reverse any entries made in error.

_____	_____
Name	Employee group/bargaining unit
_____	_____
Signature	Date

*A voided check (for checking accounts) **MUST** be attached to ensure accuracy. All information will remain confidential and secure.

All changes to direct deposit information will be verified by Payroll _____