

DIRECT DEPOSIT AUTHORIZATION AGREEMENT
Community Consolidated School District 62

_____ **This is a change to my current direct deposit information (check if yes)**

Name _____ SS # _____

DIRECT DEPOSIT MY PAYCHECK TO:

You may split between accounts, but you need to choose one account as Primary. The balance of your check will be posted to your PRIMARY account after each additional deposit is made. Please circle the type of account on each allocation.

Please attach a voided blank check or a routing form from the bank for the account(s) below.

Primary

- Checking/Savings/Other**
 Check here if your Primary Account remains the same **Amount** ___ (Balance of Check) ___

Bank Name: _____ ZIP _____

ABA Routing Number:: _____ Bank Account Number: _____

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**#2**      **Checking / Savings / Other**      **Amount** \_\_\_\_\_

Bank Name: \_\_\_\_\_ ZIP \_\_\_\_\_

ABA Routing Number:: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

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#3 **Checking / Savings / Other** **Amount** _____

Institution Name: _____ ZIP _____

ABA Routing Number:: _____ Bank Account Number: _____

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I hereby authorize Community Consolidated School District 62 to direct deposit my paycheck to the bank(s) listed above. This includes initiating credit entries and, if necessary, debit entries and adjustments for credit entries made in error to my account. This authorization remains in force until my employer receives written notification from me terminating this Agreement. Upon termination of this Agreement, I realize it may take two pay periods to discontinue direct deposit transactions.

Employee Signature \_\_\_\_\_ Date of Agreement \_\_\_\_\_