

DELANO SCHOOLS #879

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **DELANO SCHOOLS #879** and the financial institute listed below to initiate automatic deposits to my account on each payday at the financial institution named below. I also authorize **DELANO SCHOOLS** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **DELANO SCHOOLS #879** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until I have submitted a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Office.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature: _____ Date _____

Print Name: _____

Please attach a voided check (for checking deposit), or voided deposit slip (for savings deposit) and return this form to the Payroll Office or return it to:

**Delano Public Schools
Attn: Payroll Specialist
700 Elm Ave. E.
Delano, MN 55328**