

PRINT NAME \_\_\_\_\_

Personal email address \_\_\_\_\_

**Note:**

- Requests must allow sufficient time for processing and bank pre-notification, and will not be effective for your next pay date.
- Employee may select up to three separate accounts.
- Complete the account designation boxes (up to 3) including routing and account numbers, and attach the following required documentation.
- This form overrides (replaces) all prior designations.

**Attach voided checks or documentation from financial institution.**

**IMPORTANT: Enter all financial institutions to which you are depositing funds, and attach documentation for all accounts**

Account #1                      Checking                          Savings   

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

Bank Address \_\_\_\_\_

Routing #    \_\_\_\_\_                      Account #    \_\_\_\_\_

Requested amount for this account : (select one) Dollar Amount \$ \_\_\_\_\_                      Entire Balance \_\_\_\_\_

Account #2                      Checking                          Savings   

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

Bank Address \_\_\_\_\_

Routing #    \_\_\_\_\_                      Account #    \_\_\_\_\_

Requested amount for this account : (select one) Dollar Amount \$ \_\_\_\_\_                      Entire Balance \_\_\_\_\_

Account #3                      Checking                          Savings   

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

Bank Address \_\_\_\_\_

Routing #    \_\_\_\_\_                      Account #    \_\_\_\_\_

Requested amount for this account : (select one) Dollar Amount \$ \_\_\_\_\_                      Entire Balance \_\_\_\_\_

**Authorization Agreement:** I hereby authorize the Park Ridge School District to deposit my paycheck each payday directly into the account(s) named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account(s), I authorize my bank(s) and Park Ridge School District to make the appropriate adjustment(s).

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

Date \_\_\_\_\_