



## Clinton Public School District

# DIRECT DEPOSIT AUTHORIZATION

NEW ENROLLEE \_\_\_\_\_

CHANGE ACCOUNT(S) \_\_\_\_\_

Until further notice, I hereby authorize the CLINTON PUBLIC SCHOOL DISTRICT and the financial institution(s) identified below, to electronically deposit my net pay into the designated account(s) listed below, and to correct my account for any amounts deposited to it for which I am not entitled.

This authority is to remain in effect until I withdraw this authorization by written notice to the Clinton Public School District, or when I submit a new authorization form. My resignation or termination from the Clinton Public School District will cancel this agreement.

|                                                                       |              |                                   |                                  |
|-----------------------------------------------------------------------|--------------|-----------------------------------|----------------------------------|
| <b>FIRST ACCOUNT DESTINATION</b> (OR ONLY)                            | Account Type | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| Bank Name _____                                                       |              |                                   |                                  |
| Routing Number _____                                                  |              |                                   |                                  |
| Account Number _____                                                  |              |                                   |                                  |
| Deposit Amount \$ _____ OR <input type="checkbox"/> Entire Net Amount |              |                                   |                                  |

|                                                                 |              |                                   |                                  |
|-----------------------------------------------------------------|--------------|-----------------------------------|----------------------------------|
| <b>SECOND ACCOUNT DESTINATION</b>                               | Account Type | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| Bank Name _____                                                 |              |                                   |                                  |
| Routing Number _____                                            |              |                                   |                                  |
| Account Number _____                                            |              |                                   |                                  |
| Deposit Amount \$ _____ OR <input type="checkbox"/> Net Balance |              |                                   |                                  |

|                                                                 |              |                                   |                                  |
|-----------------------------------------------------------------|--------------|-----------------------------------|----------------------------------|
| <b>THIRD ACCOUNT DESTINATION</b>                                | Account Type | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| Bank Name _____                                                 |              |                                   |                                  |
| Routing Number _____                                            |              |                                   |                                  |
| Account Number _____                                            |              |                                   |                                  |
| Deposit Amount \$ _____ OR <input type="checkbox"/> Net Balance |              |                                   |                                  |

**\*\*REQUIRED: Attach a VOIDED check or Account Confirmation Letter from Bank for each account listed above. Please double check all entries for accuracy.**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: Any changes made to existing Direct Deposit accounts must be submitted to the Payroll Department fifteen working days prior to payday except for the months of June and July. For these months, please contact Payroll for specific deadlines.**