

Richland County School District One
Authorization Agreement for Direct Deposit

Check Type of Transaction:

Add New Primary Account

Delete Alternate Account(s)

Add Alternate Account(s)

Change Existing Alternate Account(s)

I/we hereby authorize Richland County School District One, hereinafter called the District, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our checking or savings account(s) indicated below and the Institution(s) named below to credit and/or debit the same to such account(s).

Employee's Name (please print)*

Employee's Social Security Number*

(1) Financial Institution Name*

City and State*

Checking/Savings (enter one)*

Account Number*

Routing/Transit Number

Amount of Deposit*

(2) Financial Institution Name*

City and State*

Checking/Savings (enter one)*

Account Number*

Routing/Transit Number

Amount of Deposit*

(3) Financial Institution Name*

City and State*

Checking/Savings (enter one)*

Account Number*

Routing/Transit Number

Amount of Deposit*

For maximum accuracy, the District requires that the employee provide a voided deposit slip or check displaying the name of the institution and the account and routing numbers for each direct deposit account requested.

This authority is to remain in full force and effect until the Institution(s) and the District have received written notification from me/us/either of us of its termination in such time and in such manner as to afford the Institution(s) and the District a reasonable opportunity to act on it, or until the Institution(s) and the District have sent me/us/either of us ten (10) calendar days written notice of the Institution(s) and the District's terminations of this agreement.

Employee's Signature*

Second Signature, if required on account**

Date*

* Required for all accounts

** Required if account is a joint account