

## ATTENTION: Direct Deposit is Available

I hereby authorize the **Davenport Community School District** and the financial institution listed below to initiate credit entries to my account, and if errors occur, I authorize correcting entries to my account indicated below. This authority will remain in effect until I have cancelled in writing.

BANK'S NAME \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

CHECKING  SAVINGS  (please mark one)

BANK'S ROUTING # \_\_\_\_\_

This authority is to remain in full force and effect until the Payroll Department has received from me a notice in writing to terminate at least 10 working days in advance of the payday.

NAME \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

(please print)

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**Please attach an appropriate copy of a *Voided Check* or attach a *Direct Deposit Authorization form* from you bank for verification.**

Any questions, please call Debbie @ 336-5073 or Natalie @ 336-5092.