



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Jackson County School District** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Jackson County School District** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Jackson County School District** 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 submit a new direct deposit form to the Payroll Department.

EMPLOYEE NAME: _____ Social security No. (last 4): _____

Primary Account Information

Name of Financial Institution: _____

Routing Number: _____

**Net Check amount deposited
into this account.**

Account Number: _____

Checking

Savings

Additional Banking Information (for splitting deposits)

Name of Financial Institution: _____

Routing Number: _____

Amount \$ _____

Account Number: _____

Checking

Savings

Name of Financial Institution: _____

Routing Number: _____

Amount \$ _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature: _____ Date: _____

**Please attach a copy of your check or account card and
return this form to the payroll department.**