



DIRECT DEPOSIT ENROLLMENT FORM
INVER GROVE COMMUNITY SCHOOLS – ISD #199
Authorization Agreement for Automatic Deposit

I hereby authorize Inver Grove Community Schools –ISD #199 to initiate direct deposit entries to my account or accounts listed below. If I designate more than one account, I understand this constitutes a split deposit of my credit entry with a portion, as so designated by the indicated dollar amounts, going to each designated account. The authority is to remain in full force until Employer has received written notification from me of its termination; in such timely manner as to afford Employer and Financial Institution a reasonable opportunity to act on it. Please contact Human Resources with any questions (651-306-7823). **All direct deposit forms must be submitted as hard copies through interoffice mail or by drop-off, HR will not accept electronic copies.**

Name (first, middle initial, last)

Signature

Date

PRIMARY DIRECT DEPOSIT – REQUIRED

Note: Total amount of **NET CHECK** will be deposited to this account unless otherwise specified below.

☐ New ☐ Change

****MUST ATTACH A VOID CHECK OR FORM FROM
FINANCIAL INSTITUTION ****

Financial Institution

Routing Number

Account Number

Type of account: ☐ Savings ☐ Checking

DEPOSITS TO ADDITIONAL ACCOUNTS – OPTIONAL

Note: Accounts below are only to be filled in if you would like specific amounts to be sent to additional accounts (i.e., savings and checking). Be sure to include voided checks or a form from your financial institution for each account noted below. If this is a savings account, please contact your bank to verify the routing number.

☐ New ☐ Delete ☐ Change

****MUST ATTACH A VOID CHECK OR FORM FROM
FINANCIAL INSTITUTION ****

Financial Institution

Routing Number

Account Number

Type of account: ☐ Savings ☐ Checking

Amount: \$ _____

☐ New ☐ Delete ☐ Change

****MUST ATTACH A VOID CHECK OR FORM FROM
FINANCIAL INSTITUTION ****

Financial Institution

Routing Number

Account Number

Type of account: ☐ Savings ☐ Checking

Amount: \$ _____