

# AUTHORIZATION AGREEMENT AUTOMATIC DEPOSITS (CREDITS)

Until further notice, I hereby authorize and request the St. Charles R-VI School District and the financial institution below, to electronically deposit my net pay into the designated account 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 St. Charles R-VI School District, or when I submit a new authorization form. My resignation or termination from the St. Charles R-VI School District will cancel this agreement.

Employee Name \_\_\_\_\_

Employee Number or Last Four of SSN \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type      \_\_\_\_\_ Checking      \_\_\_\_\_ Savings

**\*\*Please attach a voided check or information from your financial institution that shows the full routing and account numbers from the account you want credited before returning this form.\*\***

If you have any questions about direct deposit, please contact the payroll office at [payroll@stcharlessd.org](mailto:payroll@stcharlessd.org) or 636-443-4008.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Return this copy to:*      St. Charles R-VI School District  
Attn: Payroll  
400 N 6<sup>th</sup> St  
St. Charles, MO 63301