

DELANO SCHOOLS #879

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **DELANO SCHOOLS #879** and the financial institute listed below to initiate automatic deposits to my account on each payday at the financial institution named below. I also authorize **DELANO SCHOOLS** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **DELANO SCHOOLS #879** 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 have submitted a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Office.

Account Information

Name of Financial
Institution: _____

Routing Number: _____

Account
Number: _____

Checking
☐

Savings
☐

Signature

Authorized Signature: _____ Date _____

Print Name: _____

Please attach a **voided check** (for checking deposit) OR **voided deposit slip** (for savings deposit) OR **bank document** that includes your routing and account number for direct deposit.

If you use online banking or an app, there is likely a direct deposit form you can access that will have the necessary information.

Return this form to the Payroll Office or mail to:

**Delano Public Schools
Attn: Payroll Specialist
700 Elm Ave. E.
Delano, MN 55328**