

Direct Deposit Authorization

EMPLOYEE INFORMATION (please print)

First Name _____

Last Name _____

OPTION #1: Deposit into One Account

Reason for Form _____

Please deposit my **entire net pay** (100%) directly into the existing account listed below

Type of account: Checking Savings (Check only one box)

Bank Name: _____

Routing Number: _____

Account Number: _____

OPTION #2: Deposit into Two Accounts

Reason for Form _____

SECONDARY ACCOUNT

Please deposit \$ _____ (Specific Dollar Amount) into my **secondary account** listed below, the remainder of my net pay will be deposited into my primary account

Type of account: Checking Savings (Check only one box)

Bank Name: _____

Routing Number: _____

Account Number: _____

PRIMARY ACCOUNT

Please deposit my **remaining net pay** directly into my **primary account** listed below

Type of account: Checking Savings (Check only one box)

Bank Name: _____

Routing Number: _____

Account Number: _____

AUTHORIZATION

I hereby authorize **Kirkwood School District**, hereinafter called DISTRICT, to initiate credit entries to my checking or savings account and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below and the depository (bank) indicated below, hereinafter called DEPOSITORY (BANK), to credit and/or debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

I agree to surrender to DISTRICT an unused and voided personal check(s) from the DEPOSITORY (BANK) as verification for depository account stated above.

This authority is to remain in full force and effect until DISTRICT has received written notification from me of its termination in such time and in such manner as to afford DISTRICT and DEPOSITORY (BANK) a reasonable opportunity to act on it.

Signature _____

Date _____

Please attach a voided check(s) or direct deposit letter from the bank with the routing and account number on it.