

# PARKVIEW SCHOOL DISTRICT DIRECT DEPOSIT AUTHORIZATION FORM

I, \_\_\_\_\_, hereby authorize the Parkview School District, if necessary, to initiate credit and/or debit entries and adjustments for credit entry error to my account(s) as indicated below, hereinafter called Depository. The authority is to remain in full force and effect until the District receives written notification from me of its termination, in such time and in such manner as to afford the District and the Depository a reasonable opportunity to act on it.

Check One:    \_\_\_\_\_ ADD – Deposit my pay to the account(s) shown below.  
                   \_\_\_\_\_ CHANGE – Change financial institutions, amounts, and/or account numbers as shown below.  
                   \_\_\_\_\_ CANCEL – Stop my participation in the Direct Deposit Program.

Staple a copy to this form of a deposit slip/voided check for each account listed.

Checking or Savings	\$ Amount	Account #	Bank Routing Number	Financial Institution Name, Address, Phone #

Only one account can be a percentage. All other accounts **must** be a dollar amount.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you have questions or concerns please call Tracy Case at extension 6113.

**\*Note: Due to the time required for the District and the Depository to process your request, please allow one or two pay periods. You will receive a regular paycheck until the changes can be processed.**