

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Direct Deposit Authorization Agreement

ADD CHANGE CANCEL

I hereby authorize Union School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the bank /credit union named below to credit and debit the same entries to such account.

BANK/CREDIT UNION _____

BANK TRANSIT NO. _____ **ACCOUNT NO.** _____

CHECKING SAVINGS

This authorization is to remain in effect until Union School District has received written notification from the employee requesting termination of this Agreement or upon termination of employment from the District.

NAME:(print) _____ **SSN:** _____

SIGNATURE: _____ **DATE:** _____

Note: Attach a **voided check** to validate account information. Return form to Payroll for processing. Allow 2 months for the direct deposit to take effect.

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