

# 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: \_\_\_\_\_

**Please attach a voided check or deposit slip and return this form to the Payroll Office.**