

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize Tonganoxie USD 464 to initiate credit entries to my account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account.

The pay stub should be mailed emailed to _____

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Transit/Routing No. _____ Account No. _____

% or amount to be deposited into this account All/100% Other amount or % _____

Type of Account **Checking** **Savings**

Fill this section out if you did not choose "All/100%" above.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Transit/Routing No. _____ Account No. _____

The amount deposited will be the remainder of the pay due the employee for each pay period.

Type of Account **Checking** **Savings**

This authority is to remain in full force and effect until USD 464 has received written notification from me of its termination in such time and in such manner as to afford USD 464 and DEPOSITORY a reasonable opportunity to act on it.

Signature _____ **Date** _____

TAPE YOUR VOIDED CHECK OR DEPOSIT SLIP HERE