

Direct Deposit Authorization Agreement

Name _____

Last 4 Digits Of SS#:

X	X	X		X	X					
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I authorize the District 205 Business Office to electronically transfer my net payroll check to the bank and account number listed below.

NAME OF BANK

Routing Number

Type of Account: _____ Checking

_____ Savings

Account Number

**Please Note: This agreement will remain in effect until written notification is received by the Payroll Department.
Please allow two weeks processing time.**

Date _____

Signature _____

**CHECKING ACCOUNTS – ATTACH A VOIDED BLANK CHECK
SAVINGS ACCOUNTS – ATTACH A DEPOSIT SLIP**