

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

NAME _____ SOCIAL SECURITY NO. _____

Your Direct Deposit slip will be sent to the following e-mail address:

E-MAIL ADDRESS: _____
(I understand that this is my only notification from the Payroll Office.)

I hereby authorize Haysville USD #261, hereinafter called District, to deposit to my account(s) indicated below the net amount I am due for any pay period with the same effect as if a check has been delivered to me for such amount. I also authorize the Financial Institution indicated below to credit the same to such account(s). Should an over deposit be made, the Financial Institution is authorized to debit such account(s) and return to the District the amount of any such overage.

(1) FINANCIAL INSTITUTION _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. (CHECKING OR SAVINGS)

EMPLOYEE ACCOUNT NO. _____ AMOUNT \$ _____

(2) FINANCIAL INSTITUTION _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. (CHECKING OR SAVINGS)

EMPLOYEE ACCOUNT NO. _____ AMOUNT \$ _____

(3) FINANCIAL INSTITUTION _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. (CHECKING OR SAVINGS)

EMPLOYEE ACCOUNT NO. _____ AMOUNT \$ _____

ATTACH BLANK PERSONALIZED VOIDED CHECK FOR EACH ACCOUNT

This authorization is to remain in effect until District has received written notification from me of its termination in such time and manner as to afford District and Financial Institution a reasonable opportunity to act on it. Termination of employment also voids this agreement.

DATE _____ SIGNED _____

AUTHORIZATION FOR CANCELLATION:

_____ I wish to cancel my previous authorization for Automatic Payroll Deposits.

DATE _____ SIGNED _____