

Direct Deposit Authorization Form

Section A - Payee Information

<input type="checkbox"/> Vendor <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Retiree			
Type of action: <input type="checkbox"/> New (Start) <input type="checkbox"/> Change <input type="checkbox"/> Cancel (Stop)			
Name:		Name of Business: <small>(If applicable)</small>	
Address 1:		Identification number: <small>(Social Security, FEIN number, or employee ID)</small>	
Address 2:		Phone number:	
City, State, Zip:		E-mail address:	

Section B - Financial Institution Information

1st Account	Name of Bank, Credit Union, or Savings & Loan:		Name (as it appears on the account):	
	Bank routing number:		Account type:	<input type="checkbox"/> Savings -OR- <input type="checkbox"/> Checking <input type="checkbox"/> Personal -OR- <input type="checkbox"/> Business
	Bank account number:			

***NOTE:** You may have your pay distributed to two accounts. The amount on the 2nd account MUST be a fixed dollar amount.

2nd Account	Name of Bank, Credit Union, or Savings & Loan:		Name (as it appears on the account):	
	Bank routing number:		Account type:	<input type="checkbox"/> Savings -OR- <input type="checkbox"/> Checking <input type="checkbox"/> Personal -OR- <input type="checkbox"/> Business
	Bank account number:			

Amount:

Section C - Authorization

Authorization Agreement for Automatic Deposit (ACH Credits): I am a signer on the stated account and can authorize debit and credit entries from said account. I hereby authorize Reynolds School District #7 to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above and the financial institution named above to credit and/or debit the same to the account I have named. I understand that I am responsible for providing correct banking information (institution, routing number, account number and amount) to the school district so that transactions may be made to my account. This authorization replaces any previously made by me and will remain in effect until changed or cancelled by my submission of a new Direct Deposit Authorization form.			
Signature of account holder:		Date:	

ATTACH A VOIDED CHECK
(REQUIRED BEFORE PROCESSING)

- When this form is complete:**
- Attach a copy of a voided check showing verified routing number and account number.
 - (Deposit slips not accepted)**
 - Return or mail completed form and voided check to Administration - Payroll.
 - Retain copy for your records.

Finance Department - Internal Use Only

Date Processed:	
Initial:	