

## AUTHORIZATION FOR DIRECT DEPOSIT

I hereby authorize Reorganized School District #5, hereinafter called COMPANY, to initiate credit entries to my account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same such account. This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. The COMPANY assumes no liability for credit entries to the wrong account based upon receipt of inaccurate information or lack of correct notification from the employee.

|                             |                           |                               |
|-----------------------------|---------------------------|-------------------------------|
| Date                        | Name                      | Financial Institution (Bank)  |
|                             |                           |                               |
| Employees Social Security # | Department employee works | Financial Institution Address |
|                             |                           |                               |

\_\_\_\_\_  
Employees Signature

\_\_\_\_\_  
Employees Printed Name

### CHECK ONE:

I am not currently participating in the Direct Deposit Program

( ) **ADD** – Deposit my pay to the account shown\*

I am currently participating in the Direct Deposit Program

( ) **CHANGE** – Change financial Institution and/or account number\*

\*Due to the time required for COMPANY and DEPOSITORY processing, allow one or two pay periods for processing. You will receive a regular paycheck until the change can be processed.

**IMPORTANT!!! CHECK TYPE OF ACCOUNT ( ) CHECKING ( ) SAVINGS**

Note: Money market accounts are checking accounts

~ TAPE YOUR VOIDED CHECK HERE ~