

**DIRECT DEPOSIT AUTHORIZATION FORM
2017-2018**



DIRECT DEPOSIT

ACCOUNT TYPE

checking

savings

NAME ON ACCOUNT _____

ACCOUNT #

checking

savings

new #

new# _____

AMOUNT OF DEPOSIT

checking

savings

\$

\$

****OR****

remaining net pay

remaining net pay

****If new, please attach a COPY of the Deposit Slip or a COPY of a check for the account(s) you will be using for your direct deposit transactions.**

ALSO, if new please complete the following information:

BANK ABA # (ROUTING NUMBER SHOULD HAVE 9 NUMBERS)

BANK NAME

BANK ADDRESS

I hereby authorized the SAU #13, hereinafter called company, Payroll Department to initiate credit/debit entries to my account indicated above at the depository financial institution named above, hereafter called depository, and to credit/debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until the company has received written notification from me or its termination in such time and in such manner as to afford the company and depository a reasonable opportunity to act on it.

Signature

Date

PREFERRED DIRECT DEPOSIT EMAIL ADDRESS: _____