



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

This is a new agreement

This is a change to a previous agreement

**THE PAYROLL DEPARTMENT MUST BE NOTIFIED OF ANY CHANGES
TO YOUR ACCOUNT INFORMATION IMMEDIATELY**

NAME OF EMPLOYEE:

SCHOOL LOCATION:

I hereby authorize the payroll department of Keeneyville School District 20 to direct deposit my paycheck in the following manner:

NAME OF BANK:

BANK ROUTE #:

Enter 100%, dollar amount or remainder on Checking/Savings line.

1. CHECKING: \$

ACCOUNT #:

2. SAVINGS: \$

ACCOUNT #:

3. ADDITIONAL
(CIRCLE ONE)
SAVINGS / CHECKING \$

ACCOUNT #:

**PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT FORM
ALLOW 4 WEEKS TO PROCESS**

(Signature)

(Date)