



## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

This is a new agreement \_\_\_\_\_ This is a change to a previous agreement \_\_\_\_\_

NAME OF EMPLOYEE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

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: \_\_\_\_\_ CHECKING: \$ \_\_\_\_\_

BANK ROUTE # \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

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NAME OF BANK: \_\_\_\_\_ SAVINGS: \$ \_\_\_\_\_

BANK ROUTE # \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

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NAME OF BANK: \_\_\_\_\_ SAVINGS OR  
CHECKING: \$ \_\_\_\_\_

BANK ROUTE # \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

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PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**PLEASE ALLOW UP TO 4 WEEKS TO PROCESS.**

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