

**FINLEY SCHOOL DISTRICT #53
AUTHORIZATION AGREEMENT FOR
AUTOMATIC PAYROLL DEPOSIT**

EMPLOYEE NAME _____
(PLEASE PRINT)

I hereby authorize the Finley School District, hereinafter called the District, to initiate credit entries to my bank account in the depository (bank) indicated below. Direct deposit is for your entire Net paycheck.

BANK NAME _____

ACCOUNT NUMBER _____

CHECKING _____ SAVINGS _____

This authority is to remain in full force and effect during my employment with the District. I understand that **30 days written notice** to the District is required if I change banks and/or accounts. If overpayment is, for any reason, credited to my account, I understand that arrangements must be made with the District to return such payments. I agree to indemnify the Finley School District for any loss, liability, or expense incurred with this agreement.

Authorizations must be received in the payroll office by the 10th of each month to initiate direct deposit in that month. Authorizations received after the 10th will initiate direct deposit the following month.

Employee Signature

Date

**IMPORTANT:
ATTACH A VOIDED CHECK FOR CHECKING ACCOUNT DEPOSIT
ATTACH A VOIDED SAVINGS DEPOSIT SLIP FOR A SAVINGS ACCOUNT DEPOSIT**