



CLINTON PUBLIC SCHOOL DISTRICT
DIRECT DEPOSIT
AUTHORIZATION AGREEMENT

NEW SETUP CHANGE INFORMATION CANCEL DIRECT DEPOSIT

BANK NAME: _____
ROUTING NO: _____ ACCOUNT NO: _____
DEPOSIT AMOUNT: \$ _____
(PLEASE CHECK) _____ CHECKING _____ SAVINGS

BANK NAME: _____
ROUTING NO: _____ ACCOUNT NO: _____
DEPOSIT AMOUNT \$ _____ or REMAINDER: _____
(PLEASE CHECK) _____ CHECKING _____ SAVINGS

9 MONTH EMPLOYEES MAY ONLY SET UP ONE DIRECT DEPOSIT ACCOUNT



ATTACH
VOIDED CHECK
(NOT A DEPOSIT SLIP)

OR

COPY OF
SAVINGS ACCOUNT CARD



Until further notice, I hereby authorize the CLINTON PUBLIC SCHOOL DISTRICT and the financial institution identified above, to electronically deposit my net pay into the designated account listed, and to correct my account for any amounts deposited to it for which I am not entitled.

This authority is to remain in effect until I withdraw this authorization by written notice to the Clinton Public School District, or when I submit a new authorization form. I understand that reasonable time (approximately three weeks) is needed to implement this authorization, any later authorization, or the withdrawal of any authorization.

My resignation or termination from the Clinton Public School District will cancel this agreement.

Please double check all entries for accuracy.

EMPLOYEE NAME: _____ SSN: _____

SIGNATURE: _____ DATE: _____