

Direct Deposit Authorization

New **Change**

Name: _____
Last First M.I.

Name of Primary Bank (net pay): _____

Routing Number: _____

Account Number: _____ Checking Savings

Note: We are unable to offer the option of investment or money market accounts or foreign banks for direct deposit.

Optional Distributions for Payroll Deposits:				
Fixed Amount	Name of Bank or Credit Union (& routing number if out-of-town bank)	Account Number		
\$ _____	_____	_____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
\$ _____	_____	_____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
\$ _____	_____	_____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

I authorize the School District of Sturgeon Bay to make the payments indicated above via direct deposit to my account(s) in the financial institution(s) named. I authorize the financial institution(s) to accept any credit entries to the above account(s) initiated by the School District of Sturgeon Bay. If funds to which I am not entitled are deposited to my account, I authorize the School District of Sturgeon Bay to direct the financial institution(s) to return said funds.

I understand that two payroll periods may pass before this authorization takes effect. I understand that it is my responsibility to verify that payments have been credited to my account(s) and that the School District of Sturgeon Bay assumes no liability for overdrafts for any reason. I understand that in the event my financial institution is not able to deposit into my account due to any action I take, the School District cannot issue the funds to me until the funds are returned to the District by my financial institution. **I understand that if I fail to notify the Business Office of a change to my bank or account number that results in a bank charge to the District, I will be charged this amount via payroll deduction.**

I understand that this authorization will override any previous authorization and will remain in effect until revoked by my written request.

Signature

Date

Attach deposit slip(s) for checking or saving(s) accounts listed above here.