



DIRECT DEPOSIT AGREEMENT FORM

AUTHORIZATION AGREEMENT:

I hereby authorize Prairie-Hills Elementary School district 144 to initiate automatic deposits to my account at the financial institution named below. I also authorize Prairie-Hills Elementary School District 144 to make withdrawals from this account in the event that a credit entry is made in error.

Further I agree not to hold Prairie-Hills Elementary School district 144 responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

I further state that I am not initiating this direct deposit in order to avoid debits to another financial institution.

This agreement will remain in effect until Prairie-Hills Elementary School district 144 receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account # 1

Name of Financial Institution: _____

Routing Number: _____

Account number: _____

Account Type: _____ Checking _____ Savings Entire (or remainder of) Check: _____

Account # 2

Name of Financial Institution: _____

Routing Number: _____

Account number: _____

Account Type: _____ Checking _____ Savings Specific Dollar Amount: \$ _____

Print name: _____

Signature: _____

Date: _____

PLEASE ATTACH VERIFICATION OF ACCOUNT NUMBERS AND RETURN TO THE PAYROLL DEPARTMENT.