

SILVIS SCHOOL DISTRICT #34
DIRECT DEPOSIT AUTHORIZATION AGREEMENT

New Enrollment Change Terminate

Name _____ Social Security # _____

I hereby authorize Silvis School District #34 to initiate automatic deposits and/or credit entries in the net amount of my paycheck and to initiate, if necessary, debit entries and adjustments for any credit entries in error at the depository named below to either my savings or checking account:

Bank Name _____
Address _____
City _____ State _____ Zip Code _____
Checking Account # _____ Savings Account # _____
ABA Routing Number _____

This authority is to remain in full force and effect until Silvis School District #34 has received written notification from me of its termination in such time and in such manner to afford a reasonable opportunity to act on it. If you need to close your bank account, you must first cancel direct deposit with Silvis School District #34 prior to closing your bank account.

Changes in direct deposit may only be made during open enrollment periods designated by Silvis School District #34. All changes must be in writing.

Signature _____ Date _____

You are required attach a copy of voided check below: