

# SCHOOL DISTRICT OF NORTH FOND DU LAC DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Effective Date: \_\_\_\_\_

## Direct Deposit Information:

Depository Name/Branch: \_\_\_\_\_

Depository Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Checking (Please attach a voided check) **OR** \_\_\_\_\_ Savings

Bank ABA Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

I hereby authorize the School District of North Fond du Lac to initiate credit entries to deposit my payroll into the account indicated above and the depository named above. Further, I authorize the District to initiate debit entries and adjustments for any credit entries in error to my account indicated above and the depository named above. This authority is to remain in full force and effect until the District has received written notification from me of its termination in such time and in such manner as to afford the District and the depository named above a reasonable opportunity to act on it.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_