



# Canby School District #86 Direct Deposit Agreement Form

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

## Authorization Agreement

I hereby authorize Canby School District #86 to initiate automatic deposits to my account at the financial institution(s) named below. I also authorize Canby School District #86 to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Canby School District #86 responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution(s) or due to an error on the part of my financial institution(s) in depositing funds to my account.

This agreement will remain in effect until Canby School District #86 receives a written notice of cancellation from me or my financial institution(s), or until I submit a new direct deposit form to the Payroll Department.

## Account Information

Name of Financial Institution:		<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/> No Change
Routing Number:		\$ _____ Amount to be Deposited if Split
Account Number:		<input type="checkbox"/> Checking   <input type="checkbox"/> Savings
Name of Financial Institution:		<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/> No Change
Routing Number:		\$ _____ Amount to be Deposited if Split
Account Number:		<input type="checkbox"/> Checking   <input type="checkbox"/> Savings
Name of Financial Institution:		<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/> No Change
Routing Number:		\$ _____ Amount to be Deposited if Split
Account Number:		<input type="checkbox"/> Checking   <input type="checkbox"/> Savings

## Signature

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

Please return this form to the Payroll Department by the 10<sup>th</sup> of the month.