

Amboy Community Unit School District 27
Direct Deposit Authorization Agreement

New Enrollment

Change

Terminate

Name _____

Social Security # _____ School _____

Address _____ Position _____

Phone _____ Email _____

I hereby authorize Amboy School District # 272 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 _____ Phone # _____

Branch _____

Address _____

City _____ State _____ Zip Code _____

Acct # _____ indicate account type: Checking or Savings

ABA Routing No. _____

I understand that it will be my responsibility to verify that I have received a Deposit Advice form before assuming my pay has been deposited to my account.

- ***If you need to make changes of Direct Deposit information, the Payroll Department will not accept verbal changes. All changes must be in writing.***
- ***If you need to close your bank account, you must first cancel direct deposit at Amboy School District prior to closing your bank account.***

This authorization bears my signature below and is to remain in effect until Amboy School District 272 has received written notification from me of its termination in such time (a period not less than ten days) to afford Amboy School District 272 and Depository a reasonable opportunity to act on it.

Signature _____ Date _____

Please return completed form and return with a copy of a voided check for a checking account direct deposit or a bank letter or form indicating routing and account information for savings account deposit to the Payroll Department.

Payroll Use Only: Processor _____ Pre-Note Date _____