



Authorization Agreement for Direct Deposit

Company Name: Minooka Community Consolidated School District #201

I hereby authorize Minooka Community Consolidated School District #201, hereinafter called Company, to initiate credit/debit entries to my () (Checking) () Savings account indicated below at the depository financial institution named below, and to credit/debit the same to such account(s). To set up direct deposit to more than one account, please duplicate this form and fill out one form for each account.

BANK NAME: _____

ROUTING # _____ ACCOUNT # _____

This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

EMPLOYEE NAME (Please Print): _____

DATE: _____ SIGNATURE: _____

Deposit 100% of Earnings to this account _____

Deposit Flat dollar amount to this account _____ Dollar Amount \$ _____

Deposit Balance of Earnings to this account _____

Please attach a voided check here for the account you wish to have your payroll credited to.