Regional School District No. 17 Authorization Agreement for Automatic Deposit of Payroll

I hereby authorize Regional School District No. 17 to make automatic direct deposit to the account and financial institution indicated below. This authorization will remain in effect until such time as the payroll department receives written notification from me of its termination. Any such termination notification shall become effective upon receipt by the payroll department. I understand that this will take effect following a reasonable period for its implementation. I understand that I will continue to receive a statement of earnings and payroll deductions each payday.

I understand that if my direct deposit is returned to RSD17 due to my error or neglect to give proper notification for direct deposit, I am responsible for the bank fees incurred by Regional School District No. 17.

INDICATE TYPE OF ACCOUNT - YOU MAY CHOOSE ONE OR TWO ACCOUNTS, NET AMOUNT SHOULD GO INTO SECOND ACCOUNT.

FOR SAVINGS ACCOUNTS, CONTACT YOUR BANK TO GET ABA/ROUTING NUMBER & ACCT # ON BANK LETTERHEAD.

Net amount only	This account is a	() Checking Accor	nt () Savings Acco	punt	
FINANCIAL INSTITUT	ΓΙΟΝ:				
ABA/ROUTING NUMBER:		A	ACCOUNT NUMBER:		
termination in such time act on it.	and in such manner a	as to afford RSD17 a	and the Financial Institu	notification from me of its ation a reasonable opportunity to	
Direct Deposits become	effective after bank p	re-note is verified.	Approximately 2 payro	lls	
NAME:					
	(same as on your Accou	unt – please print neatly)			
SIGNATURE:				DATE:	
EMAIL ADDRESS:					
	Authorizes us	to send your pay stub via	email on payday		
	Please	e attach VOIDED	CHECK here		

