

# DIRECT DEPOSIT

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Direct Deposit Authorization Agreement

ADD  CHANGE  CANCEL

I hereby authorize EAST SIDE UNION HIGH SCHOOL DISTRICT, hereafter called (the District) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereafter call DEPOSITORY, to credit and debit the same entries to such account.

DEPOSITORY NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BANK TRANSIT NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

CHECKING?  SAVINGS?

This authority is to remain in full force and effect until (the District) has received written notification from me on its termination in such time (10 days) and in such manner as to afford (the District) and the institution(s) a reasonable time to act on it, or up termination of my employment from the (the District). I have read the Direct Deposit instructions and understand that I should have automatic overdraft protection before signing up for this plan.

Name: (print) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-SIGNATURE (IF JOINT ACCOUNT):

\_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: Attach a voided blank check or a saving deposit slip to validate account information (NO TEMPORARY CHECKS).

**ATTACH VOIDED BLANK CHECK FOR CHECKING ACCOUNTS OR A BANK AUTHORIZATION FOR SAVINGS ACCOUNTS**

Jane A. Doe  
1000 Main St.  
Anywhere U.S.A. 10001

\_\_\_\_\_ 19 \_\_\_\_

PAY TO THE  
ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

MEMO \_\_\_\_\_

ψ:256000649ψ: 0302 00032178∇ε 0611

Transit No.

Account No.

Check No.