

AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSIT

I hereby authorize the Scottsbluff Public Schools, hereinafter called COMPANY, to initiate credit entries to my account indicated below for payments owing me, and further authorize the Depository Financial Institution named below, hereinafter called DEPOSITORY, to credit same to such account. In case of payroll calculation errors, I agree to arrange repayment with COMPANY through the business office as mutually agreed upon at that time.

NOTE: You may separate your deposit into two different accounts. You may also deposit into two different financial institutions. A **fixed** amount must be made into the first account and the **remainder** of your deposit into the second account. (Example: \$100.00 into savings and the remainder into checking).

ACCOUNT 1 _____ Financial Institution

City & State

Transit Routing #

Account #

This is a checking savings account

Deposit Amount _____

ACCOUNT 2 _____ Financial Institution

City & State

Transit Routing #

Account #

This is a checking savings account

PLEASE ATTACH COPY OF VOIDED CHECK!

This authority is to remain in full force and effect until COMPANY or DEPOSITORY has received written notification from me of its termination, in such time and in such manner as to afford COMPANY and DEPOSITORY a responsible time to act on it. I recognize that I must notify the COMPANY of any change in banks or accounts to insure proper and timely deposit of my accounts

Employee Name (please print)

Social Security Number

Signature