



**AUTHORIZATION AGREEMENT
FOR
PAYROLL DIRECT DEPOSIT**

I (we) hereby authorize the Central Decatur Community School District (CDCSD) to initiate credit entries to my (our) account indicated below at the depository or bank named below. I also authorize CDCSD to debit this account in the event that a credit entry was made in error. Further, I agree not to hold CDCSD responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to any error on the part of my financial institution in depositing funds to my account.

This authorization will remain in full force and effect until the Central Decatur Business Office has received a new direct deposit form in such time and such manner as to afford the Central Decatur Business Office and depository or bank a reasonable opportunity to act on it.

DEPOSITORY or BANK NAME: _____

CITY: _____ STATE _____ ZIP _____

DEPOSITORY or BANK ROUTING NUMBER: _____

☐ Deposit total pay **OR** ☐ Percentage or dollar amount to be deposited _____

☐ Check this box and enter your email address below if you want your pay stub emailed to you.

EMAIL ADDRESS (PLEASE PRINT CAREFULLY)

NAME (s) _____

ACCOUNT NUMBER: _____ ☐ CHECKING ☐ SAVINGS

DATE: _____ SIGNED: _____

SIGNED: _____

PLEASE ATTACH A VOID CHECK or COPY OF VOID CHECK BELOW.