



DIRECT DEPOSIT AGREEMENT FORM

Authorization Agreement

I hereby authorize Jefferson Joint School District No. 251 to initiate electronic deposits to my account at the financial institution named below. I also authorize Jefferson School District No. 251 to debit corrections to previous deposits to this account.

Further, I agree to hold Jefferson Joint School District No. 251 harmless for any delay or loss of funds resulting from incorrect or incomplete information supplied by me or my financial institution or due to any error on the part of my financial institution in depositing funds to my account.

This agreement replaces any previously made by me and will remain in effect until changed or cancelled by my submission of a new Direct Deposit Agreement Form.

Submit this request to the Payroll Department by the 10th of the month. After that date, the request will be processed the following month.

Account Information

	<u>Bank Name</u>	<u>Checking or Savings</u>	<u>Dollar Amount to Deposit</u>
PRIMARY DEPOSIT:	_____	_____	\$ _____
ADDITIONAL DEPOSIT:	_____	_____	\$ _____

- **ADDITIONAL DIRECT DEPOSIT TO BE DEPOSITED INTO A DIFFERENT ACCOUNT AT THE SAME BANK WILL REQUIRE BOTH ACCOUNT NUMBERS.**
- **ADDITIONAL DIRECT DEPOSIT TO A DIFFERENT BANK WILL REQUIRE THE BANK ROUTING NUMBER AND ACCOUNT NUMBER FROM BOTH BANKS.**

*****Please attach a voided check (deposit slip will not be accepted)**

OR a form provided by your bank.

❖ Return this form to the Payroll Department.

Employee Email address: _____

(required to email direct deposit receipt, if you have a district email it will be emailed to that account)

Employee Phone Number: _____

Signature

Print Name: _____

Signature: _____

Date: _____

I choose to OPT OUT of Direct Deposit and understand that to receive a printed check I am required to pick up and sign for the check at the District Office. Listed below are the people that I authorize to pick up and sign for my check:
