

USD 350 DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____

Date: _____

Put and "X" in the box that applies:

*New

*Change

*Cancel

I (we) hereby authorize Unified School District 350 to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) accounts indicated below and the depository named below to credit and/or debit the same to such account.

DEPOSITORY NAME _____	BRANCH _____
CITY _____	STATE _____ ZIP _____
TRANSIT/ABA NO. _____	ACCOUNT NO. _____
Put an "X" in the box for type of account	SAVINGS <input type="checkbox"/>
	CHECKING <input type="checkbox"/>
Percent of Distribution: _____	(Must be a whole number distribution)

DEPOSITORY NAME _____	BRANCH _____
CITY _____	STATE _____ ZIP _____
TRANSIT/ABA NO. _____	ACCOUNT NO. _____
Put and "X" in the box for type of account:	SAVINGS <input type="checkbox"/>
	CHECKING <input type="checkbox"/>
Percent of Distribution: _____	(Must be a whole number distribution)

This authority is to remain in full force and effect until USD 350 has received written notification from me (or either of us) of its termination in such time and in such manner as to afford USD 350 a reasonable opportunity to act on it.

*Due to the time required for the district and bank processing, allow one pay period for processing a pre-note. You will receive a regular paycheck until the change can be processed.

(STAPLE YOUR VOIDED CHECK OR A DEPOSIT SLIP HERE FOR EACH ACCOUNT LISTED)

Signature: _____