



Challis Joint School District #181

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Challis Joint School District to initiate deposits to my account and, if necessary, charge the same to the financial institution and account listed below.

Further, I agree not to hold Challis Joint School District 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 an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Challis Joint School District #181 has received written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Savings Account \$ _____

Checking Account

Signature

Print Name: _____

Authorized Signature: _____ Date: _____

Please attach a voided check and return this form to the Payroll Department