

POLK SCHOOL DISTRICT

POLK SCHOOL DISTRICT AUTOMATIC PAYROLL DEPOSIT AUTHORIZATION DIRECT DEPOSIT

Reason for Submission:

- New Direct deposit authorization
- Revision to current authorization (i.e. account or bank changes)
- Direct deposit termination request

Employee Information

Participant Name: _____ Employer Job Location: _____

Address: _____

Social Security Number: _____ Employee ID Number: _____

Financial Information

Bank Name: _____ Type of Account (circle one): Checking Savings

Financial Institution's Routing Number (9-digit): _____

Account Number: _____

Please include a voided check with this authorization form for verification of your account number.

Authorization:

I hereby authorize Polk School District to initiate variable credit entries to the account indicated. I hereby authorize the financial institution named above to credit the same to such account. This authorization is effective as of the signature date below and is to remain in full force and effect until Polk School District has received written notification from me of its termination in such time and such manner as to afford Polk School District and the financial institution indicated above a reasonable opportunity to act on it. Polk School District will continue to credit the financial institution until notified by me that I wish to change the financial institution above. If my financial institution changes, I agree to submit to Polk School District an updated Authorization for Direct Deposit. In the event that Polk School District deposits funds erroneously into my account, I authorize Polk School District to debit my account for an amount not to exceed the original amount of the erroneous credit.

Signature _____ Date _____

Print Name _____

Verified By: _____ Driver's License or Employee ID Badge (circle one)