



Indianola Community School District

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Indianola Community School District** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Indianola Community School District** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Indianola Community 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 **Indianola Community School District** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

Account Information

Name of Financial Institution: _____

Account Number: _____

Routing Number: _____

Checking
☐

Savings
☐

OPTIONAL: If you have two or more accounts that you would like your deposits, please list additional financial information below:

Name of Financial Institution: _____

Account Number: _____

Routing Number: _____

Checking
☐

Savings
☐

Amount of pay to be deposited into this account: \$ _____

Signature

Employee Name: (Please print): _____ Effective Date: _____

Authorized Signature (Primary): _____ Today's Date: _____

Please attach a voided check and return this form "Attention Payroll" at Indianola Schools District Office.