

Authorization For Direct Deposit

I hereby authorize the Wentzville School District to initiate credit entries, and if necessary, debit entries and adjustments for any credit entry made in error to my account indicated below and the financial institution named below to credit/debit the same to such account. I acknowledge that the origination to my account must comply with the provisions of U. S. Law. **This authority will remain in effect until I have cancelled it in writing.**

First Account

Financial Institution _____ ☐ Checking ☐ Savings
Routing Number _____ ☐ Deposit Entire Check
Account Number _____ (If multiple accounts) → ☐ Deposit Amount

Second Account

Financial Institution _____ ☐ Checking ☐ Savings
Routing Number _____ ☐ Deposit Entire Check
Account Number _____ (If multiple accounts) → ☐ Deposit Amount

Third Account

Financial Institution _____ ☐ Checking ☐ Savings
Routing Number _____ ☐ Deposit Entire Check
Account Number _____ (If multiple accounts) → ☐ Deposit Amount

This authorization will take effect after a bank acknowledgement has been accepted.

Note: Your first pay may be a live check.

Print Name

Social Security Number

Signature

Date

**You Must Attach
Voided Check(s) Here**

No Deposit Slips

**For Savings have
bank verify routing number**