OPTIONAL

Instructions for filling out the

DIRECT DEPOSIT
Receiver Authorization Form

Please fill out the form on the back in the following manner:

- Name of Financial Institution – The name of your bank, credit union, or other financial institution (must be on list to be eligible).

- Checking or Savings – Please indicate whether the account is a checking account or a savings account.

- Bank Routing Number – also known as the Bank "ABA" number. This number is found at the very bottom left side of your check. Each financial institution has its own unique Routing Number.

- Employee/Account Holder Signature – REQUIRED

- Joint Account Holder Signature – Required only if the account requires two signatures on checks or for withdrawals.

- Voided Check – Highly recommended for the employer to verify routing and account numbers.

OVER

DIRECT DEPOSIT

Receiver Authorization Form

I hereby authorize **Coos County School District #54** ("the company") to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the bank account(s) listed below. I further authorize the financial institution(s) named below to credit and/or debit such accounts(s).

I understand that this authorization remains in effect until the Company receives from me, in writing, notification to terminate the authorization in such a time and manner as to afford the Company and my financial institution(s) a reasonable time to act on it.

Name of Financial Institution	Checking or Savings	Bank Routing Number	Bank Account Number

Employee/Account Holder Signature DATE

Joint account Holder Signature (only if account requires two signatures)

For employers to verify bank account and routing numbers, employees should attach a **VOIDED CHECK.** Employers and employees should retain completed copies of this form for their records.

THIS FORM IS FOR EMPLOYER/EMPLOYEE USE ONLY