

The School District of St. Joseph  
Direct Deposit Authorization Agreement

I hereby authorize The School District of St. Joseph, hereafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the depository named below, hereafter called DEPOSITORY, to credit and debit the same entries to such account.

BANK \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BANK TRANSIT # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_ FIXED AMOUNT OR % \_\_\_\_\_

BANK \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BANK TRANSIT # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_ FIXED AMOUNT OR % \_\_\_\_\_

BANK \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BANK TRANSIT # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_ FIXED AMOUNT OR % \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me on its termination in such time and in such manner as to afford COMPANY a reasonable time to act on it.

NAME (print) \_\_\_\_\_ EMPLOYEE ID# \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Note: Attach a voided check or savings account deposit slip to validate account information.  
*Return form before the 15<sup>th</sup> of the month to be in effect for the current month's payroll.*  
Return form in person with **government issued id** to: Saint Joseph School District, Payroll Dept., 925 Felix St., St. Joseph, MO 64501