

ISD # 317
DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE'S AUTHORIZATION – Please complete and return to the Payroll Department

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to the following accounts listed each payday. This authority will remain in effect until I have cancelled it in writing.

NAME	ADDRESS
CITY, STATE	SIGNATURE
	DATE

I wish my check to be deposited in the following manner:

\$ _____ to this account _____ kChk
jSavings at _____ bank.

\$ _____ to this account _____ kChk
jSavings at _____ bank.

\$ _____ to this account _____ kChk
jSavings at _____ bank.

Please attach a VOIDED CHECK