

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize **Hamilton CCSD 328**, hereinafter called **DISTRICT**, to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit in error to my (our) account indicated below and the financial institute named below, hereinafter called **DEPOSITORY**, to credit the same such account. This authority is to remain in full force and effect until **DISTRICT** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **DISTRICT** and **DEPOSITORY** a reasonable opportunity to act on it.

Employee Name (Please Print)	Depository Name:
EmployeeNumber / SS# :	Depository Address / Phone:
Address / Phone #	Depository Routing No. (Not necessary if check is affixed below)

Signature: _____

Date: _____

IMPORTANT ! CHECK TYPE OF ACCOUNT () CHECKING OR () SAVINGS

If Savings Account please enter Savings Acct. # _____

And Bank Routing # _____

TAPE YOUR VOIDED CHECK HERE
ACCOUNT NUMBER BELOW:
