

# Direct Deposit Authorization Form

I hereby authorize **Hamilton CCSD 328**, herein after 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:

Depository Name:

Depository Address:

Depository phone number:

Depository Routing number: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Please circle one:    Checking        or        Savings

Account number, or attach a voided check: