

PAYROLL DIRECT DEPOSIT PROGRAM (EFT)

Authorization Agreement for Automatic Payroll Deposits

• **Employee Information**

Your Name _____
Last 4 digits of your Social Security Number _____

• **Financial Institution Information #1**

**If possible, attach a blank voided check or letter from bank*

Financial Institution Name: _____
Routing #: _____ Account # _____ *
Account is Checking Savings

Deposit Amount : NET (make no entry here, this is the default value)

• **Financial Institution Information #2 - For use only if designating a second institution.**

**If possible, attach a blank voided check or letter from bank*

Financial Institution Name: _____
Routing #: _____ Account # _____ *
Account is Checking Savings

Deposit Amount per pay period: _____ (enter a dollar amount here only if making a second designation)

• **Authorization:**

I hereby authorize Clinton Community School District to deposit my payroll earnings into the accounts listed above and if necessary, debit entries or adjustments for any deposits made in error to my account. This authority is to remain in full force and effect until written notice from me has been received by Clinton Community School District in such a manner as to afford reasonable time to act on it. This authorization is for all payroll earnings including coaching pay, co-curricular pay, summer school, etc.

Date _____ Signature _____