

DIXON PUBLIC SCHOOLS

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Print Name _____

E-MAIL ADDRESS _____

Please print legibly. Your voucher will be sent password protected.

I authorize Dixon Public School District 170 to initiate credit entries for net payroll checks to my account indicated below and the financial institution named below to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

PRIMARY Deposit Account:

Financial Institution _____ _____ Checking _____ Savings
Routing # _____ Account # _____

SECOND Deposit Account:

Financial Institution _____ _____ Checking _____ Savings
Routing # _____ Account # _____

THIRD Deposit Account:

Financial Institution _____ _____ Checking _____ Savings
Routing # _____ Account # _____

FOURTH Deposit Account:

Financial Institution _____ _____ Checking _____ Savings
Routing # _____ Account # _____

Option 1 – Flat dollar amount

Option 2 – Percentage split of net pay (combined total must equal 100%)

PRIMARY account	Net pay less amounts below	_____ %
SECOND account	\$ _____ or	_____ %
THIRD account	\$ _____ or	_____ %
FOURTH account	\$ _____ or	_____ %

This agreement is to remain in effect until Dixon Public Schools has received written notification from me regarding termination in such time and manner as to afford Dixon Public Schools and the Financial Institution a reasonable opportunity to act upon it.

Employee Signature

Date

Please attach copy of voided check and/or savings deposit ticket here.

**Please do not write overtop of the bottom line imprinted on the check/ticket.
Do not attach checking account deposit ticket; often these do not have routing numbers included.**