

*Regional School District # 12*

DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE # \_\_\_\_\_  
(Business Office Use)

\_\_\_\_\_  
NAME (Please Print or Type)

Please deposit my payroll check to my \_\_\_\_\_ checking or \_\_\_\_\_ savings

Account # \_\_\_\_\_

Bank Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ABA Number \_\_\_\_\_

Ask your bank for this number.

I hereby authorize Regional School District #12 to deposit the payment described above to my account at the financial institution named above. Also the School District is authorized to adjust any over-deposit which is caused to be made to my account. I will not hold the financial institution named above liable for any erroneous deposits or adjustments made by the School District.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please attach a voided blank check from your account.**