



# DIRECT DEPOSIT AGREEMENT

PAYROLL DEPARTMENT  
SCHOOL DISTRICT U-46

Payroll Department  
355 East Chicago Street  
Elgin, Illinois 60120-6543

Phone (847)289-2179  
Fax (847)888-5071

## Authorization Agreement

I hereby authorize School District U-46 to initiate automatic deposits to my account at the financial institution named below. I also authorize School District U-46 to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold School District U-46 responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I further understand, School District U-46 has no control over the time my funds are posted to my account(s) on the pay date.

This agreement will remain in effect until School District U-46 receives a subsequent deposit agreement form of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

## Account Information

Bank 1 Name: \_\_\_\_\_  
checking  savings  cancel acct.  update amt.  Full Ck or Amt \$ \_\_\_\_\_

Routing # \_\_\_\_\_ Account #: \_\_\_\_\_

Bank 2 Name: \_\_\_\_\_  
checking  savings  cancel acct.  update amt.  Full Ck or Amt \$ \_\_\_\_\_

Routing # \_\_\_\_\_ Account #: \_\_\_\_\_

Bank 3 Name: \_\_\_\_\_  
checking  savings  cancel acct.  update amt.  Full Ck or Amt \$ \_\_\_\_\_

Routing # \_\_\_\_\_ Account #: \_\_\_\_\_

## Signature

Employee Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
(Please Print)

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**  
(Form invalid without voided check attached unless update acct. selected)