

DIRECT DEPOSIT AUTHORIZATION FORM

Full Name: _____ Date: _____

Please attach a voided Check or Bank Authorization Form for each Account

Please check account type:	<input type="radio"/> Checking	<input type="radio"/> Savings
Financial Institution:	_____	
Address/local branch:	_____	
City, State, Zip Code:	_____	
Check Amount to be deposited:	<input type="radio"/> Full Net Pay	<input type="radio"/> Partial Net Pay \$ _____
Routing Number:	_____ Account Number: _____	

Please check account type:	<input type="radio"/> Checking	<input type="radio"/> Savings
Financial Institution:	_____	
Address/local branch:	_____	
City, State, Zip Code:	_____	
Check Amount to be deposited:	<input type="radio"/> Full Net Pay	<input type="radio"/> Partial Net Pay \$ _____
Routing Number:	_____ Account Number: _____	

Please check account type:	<input type="radio"/> Checking	<input type="radio"/> Savings
Financial Institution:	_____	
Address/local branch:	_____	
City, State, Zip Code:	_____	
Check Amount to be deposited:	<input type="radio"/> Full Net Pay	<input type="radio"/> Partial Net Pay \$ _____
Routing Number:	_____ Account Number: _____	

I hereby authorize River Forest Community School Corp. to initiate payroll deposit entries, and if necessary, make debit or adjustment to my account(s) as indicated above. This authorization is to remain in full force and effect until River Forest Community School Corp. has received written notification from me requesting a change in status or termination of my participation, allowing reasonable time for River Forest Community School Corp. and the financial institution(s) to act upon my request.

Signature: _____ Date: _____