

EAST PEORIA ELEMENTARY SCHOOL DISTRICT 86

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Name _____

Social Security # _____ School _____

I hereby authorize EAST PEORIA ELEMENTARY SCHOOL DISTRICT 86 to initiate automatic deposits in the net amount of my paycheck to my checking account. The net amount is the figure currently listed on your paycheck. All previously arranged deductions will remain unless employee formalizes a change (ie. Credit Union deductions, 2.2 upgrade, etc.)

- **A VOIDED PRE-PRINTED CHECK MUST ACCOMPANY THIS FORM IN ORDER TO IDENTIFY THE ACCOUNT. YOUR CHECK CONTAINS THE INFORMATION NECESSARY TO COMPLETE THE BOX BELOW.**

Bank Name _____
Address _____
City _____ State _____ Zip Code _____
Checking Acct# _____
ABA Routing No. _____

I understand that it will be my responsibility to verify that I have received a Deposit Advice form before assuming my pay has been deposited to my account.

- If you need to make a change of Direct Deposit information, the Payroll Department will not accept verbal changes. All changes must be in writing.
- Direct Deposit takes 2-3 pay periods to establish.

Signature _____ Date _____

Please return completed form to the Payroll Department. Please contact the Payroll Accountant should you have questions.