

**ALLENDALE COUNTY SCHOOL DISTRICT
DIRECT DEPOSIT AUTHORIZATION FORM**

****TO AUTHENTICATE ORIGINALITY – PLEASE USE ONLY BLUE INK****

Company ID# 57-6000341

Please check necessary box:

☐ New Enrollee ☐ Change in Account Info ☐ Disenroll

I hereby authorize **Allendale County School District**, hereinafter called the COMPANY, to initiate credit entries to my account(s) listed below and the depository named below, hereinafter called the DEPOSITORY, to credit the same to such account. In the event of overpayment to my account, I authorize the COMPANY to make an adjusting debit entry to my account up to the amount of overpayment.

ACCOUNT INFORMATION

Type of Account: ☐ Checking Account ☐ Savings Account

Depository Name: _____ **Branch:** _____

City: _____ State: _____

Account Number: _____ RTN/ABA Number: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Employee SS #: _____

Employee Name: _____

Home Address: _____

Signed: _____ Date: _____

SPECIAL REMINDERS:

***ATTACH A VOIDED CHECK AND RETURN TO PAYROLL**

***NOTIFY PAYROLL BEFORE ANY CHANGES ARE MADE TO YOUR
ACCOUNT**

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