OFFICE OF THE SUPERINTENDENT

Richmond-Burton Community High School

DISTRICT NO. 157



4213 US HIGHWAY 12, RICHMOND, IL 60071 - PHONE: 815-678-4242 - FAX: 815-675-0415 - WEB: www.rbchs.com

Dr. Tom Lind Superintendent Dr. Patrick Enright Asst. Superintendent Michael Baird Principal Denise Levendoski Business Manager/CSBO

AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSITS

(Please type or print legibly)

1. Type of Enrollment: _	New	Change	Effective Date	
2. Employee Name:				
(La	ast Name)	(First Name)	(Middle Initial)	
I hereby authorize Richmond-Burton any credit entry in error to my (our) account. This authority to remain in from the employee of its termination	account indicated by full force and effect	pelow and the financia t until Richmond-Burto	l institutions named below to com Community High School #15	redit and/or debit the same to such 57 has received written notification
4. Signature:			Date:	
	Account #		Nine-Digit Bank/Routing	#
Direct Financial Institution Name/Address:	Deposit to:	Savings	Checking (Please check	one)
	rovide a preprinto	ed check for each in	e payroll check can be deposite estitution. It should be clea erouting number and your	rly marked "VOID."

Please notify the Business/Payroll Office (815-678-6586) as soon as possible of any account/banking changes. If the transmission of direct deposit of pay indicates that your account has been closed, the District may not advance your pay. The District must wait to receive a refund from the financial institution before you may receive payment for the affected month. Please note that the direct deposit may take up to two pay cycles before being completed depending on pre-note authorizations from banking facilities.