



# HARRISBURG SCHOOL DISTRICT 41-2

BOX 187

HARRISBURG, SD 57032

## **DIRECT DEPOSIT/ACH CREDIT AUTHORIZATION**

I, the undersigned, hereby authorize the Harrisburg School District to initiate electronic credit entries for payroll purposes, and if necessary, electronic debit entries to correct any credit entries in error. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

### **TYPE OF BANK ACCOUNT**

Personal Checking

Personal Savings

\*Business Checking

\*Business Savings

(Check if checking/savings is setup as a business/commercial account)

### **BANKING INFORMATION** (or attach voided check)

Financial Institution Name: \_\_\_\_\_

Financial Institution City, State, Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

### **AMOUNT OF CREDITS**

Entire Paycheck  Yes  No

If no, specific amount \_\_\_\_\_

### **DATES AND/OR FREQUENCY OF CREDITS**

Every Payday  Yes  No

If no, explain \_\_\_\_\_

### **HOW TO REVOKE AUTHORIZATION**

This authority will remain in effect until I have cancelled it in writing with the Harrisburg School District stating that I wish to revoke this authorization. In addition, I understand that a one-week prior notice is required in order to cancel this authorization.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization revoked on: \_\_\_\_\_ Signature: \_\_\_\_\_

**Retain authorization form for two years after the revocation of the authorization.**