

QUINCY SCHOOL DISTRICT #144

**AUTHORIZATION AGREEMENT FOR
ELECTRONIC DEPOSITS (CREDITS)**

I hereby authorize Quincy School District #144 to initiate entries to my checking/debit/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION) and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect as long as I am a Quincy School District employee. *(This form will need to be re-submitted if the Financial Institution or account number(s) change).*

NAME OF FINANCIAL INSTITUTION

FINANCIAL INSTITUTION ADDRESS CITY STATE ZIP

SIGNATURE OF EMPLOYEE

NAME OF EMPLOYEE – PLEASE PRINT

ADDRESS CITY STATE ZIP

Checking/Debit/Savings Account Number _____

Financial Institution Routing Number (9 digits) _____

The ***first month*** you are on electronic deposit will always be a pre-note. This means to insure accuracy, only the account/routing numbers will be transferred to the financial institution and you will receive your pay check in hand. The second month your pay will be electronically deposited to you account.

**ATTACH VOIDED CHECK OR OTHER BANK SLIP WITH YOUR
ACCOUNT INFORMATION TO INSURE ACCURACY**