



Direct Deposit Authorization Form

*Authorization Agreement

I hereby authorize Carlynton School District to initiate automatic deposits to my account at the financial institution named below.

I agree not to hold Carlynton School District responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Carlynton School District receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Please attach a voided check OR letter from bank (to include checking account number and routing number) and return this form and document to the Payroll Department.

NOTE: After banking information is entered into the Payroll System, the first pay will generate a regular check; the following pay direct deposit will be effective based on correct banking information.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings

Signature

Print Name: _____ Date: _____

Authorized Signature: _____