

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

I authorize Canton Union School District #66 to initiate credit entries and to initiate adjustments for any erroneous credit entries to my _____ checking/_____ savings account (select one) indicated below. I also authorize the financial institution named below to credit the same to such account.

Financial Institution _____

City _____ State _____ Zip _____

Checking account – Please submit a copy of a voided or cancelled check with this authorization to ensure the correct bank information is received.

Savings account – Please submit a voided deposit ticket or contact the financial institution to obtain the correct routing and account numbers and enter below.

Routing Number _____

Account Number _____

Name _____

Signature _____

Date _____