

Hawthorn School District #73

Direct Deposit Agreement Form

Name: _____ Bldg: _____

Authorization Agreement

I hereby authorize Hawthorn School District #73 to initiate automatic deposits to my account(s) at the financial institution(s) named below.

I understand that the direct deposit **will become effective approximately two (2) payroll periods** from the time the Payroll Department receives the completed authorization agreement from me.

This agreement will remain in effect until Hawthorn School District #73 receives a written notice of cancellation from me.

All information needs to be filled out or the form will be returned for completion.

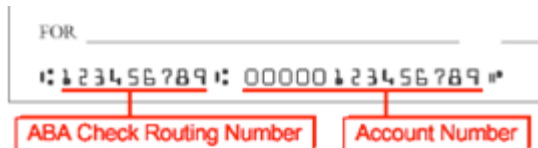
Account Information

Name of Financial Institution:	_____	Start <input type="checkbox"/>	Stop <input type="checkbox"/>	
Routing Number:	_____	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Entire Check <input type="checkbox"/>
Account Number:	_____	Add'l Deposit <input type="checkbox"/>	Dollar	Percent

Attach a voided check or a bank verification form and return this form.

Name of Financial Institution:	_____	Start <input type="checkbox"/>	Stop <input type="checkbox"/>	
Routing Number:	_____	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Entire Check <input type="checkbox"/>
Account Number:	_____	Add'l Deposit <input type="checkbox"/>	Dollar	Percent

Attach a voided check or a bank verification form and return this form



Signature

Employee Signature: _____ Date: _____