

# Peru Central School District

## DIRECT DEPOSIT AUTHORIZATION FORM

### *Employee Information (Please print)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

### *Information about your Financial Institution*

The financial organization you designate below will receive and deposit sums for the employee named above, in accordance with NACHA Rules and guidelines. I understand that the account number entered below will be included on individual credit and debit adjustments to the account. The employee named above has the right to cancel this authorization at any time. Peru Central School District also reserves the right to cancel this agreement by notice to the employee.

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*(Account information: please select one, Checking or Savings)*

\_\_\_\_\_ Checking Account  
*(Attach Voided Check)*

\_\_\_\_\_ Savings Account  
*(Attach Voided Deposit Slip)*

\_\_\_\_\_ Add

\_\_\_\_\_ Add

\_\_\_\_\_ Change

\_\_\_\_\_ Change

\_\_\_\_\_ Discontinue

\_\_\_\_\_ Discontinue

Bank Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

### *Employee Agreement and Signature*

I hereby authorize Peru Central School District to initiate credit entries to my account indicated above and the Financial Organization to credit the same to such account. Charges to said account may only be made to reverse credit amounts erroneously posted. This authorization is to remain in full force and effect until Employer has received written notification from me of its termination in such time and in such manner as to afford Employer a reasonable opportunity to act upon it.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature