

Direct Deposit Form-Authorization Agreement

Begins Deposits **Change Information** **Cancel Direct Deposit**

Employee Name:	Social Security Number:
Site/Location:	Home Phone Number:

Checking **Savings** **Bank Phone Number:** _____

The numbers on the bottom of your check are used by the payroll department to make the electronic funds of your payroll directly to your account.

ATTACH VOIDED CHECK OR COPY HERE

I hereby authorize the Rio School District, and/or their agents, to initiate electronic deposits and, as necessary, debit corrections to previous deposits, to the above account.

I understand:

- Automatic deposit status is not activated until the month following a \$0.00 test transaction
- I must submit a new authorization form if I change my account (name, branch, etc.)
- Automatic deposit status will be temporarily suspended if wages are garnished.

I agree to hold harmless and indemnify Rio School District, and its officers and employees, from any claim or demand of whatever nature, including these based upon negligence of Rio School District and its officers and employees, for failure or delay in making deposits and/or correction to deposits as herein authorized.

This authorization replaces any previously made by me and is to remain in effect until changed or canceled by submission of a new Direct Deposit Authorization Form.

Printed Name

Employee Signature

Date