

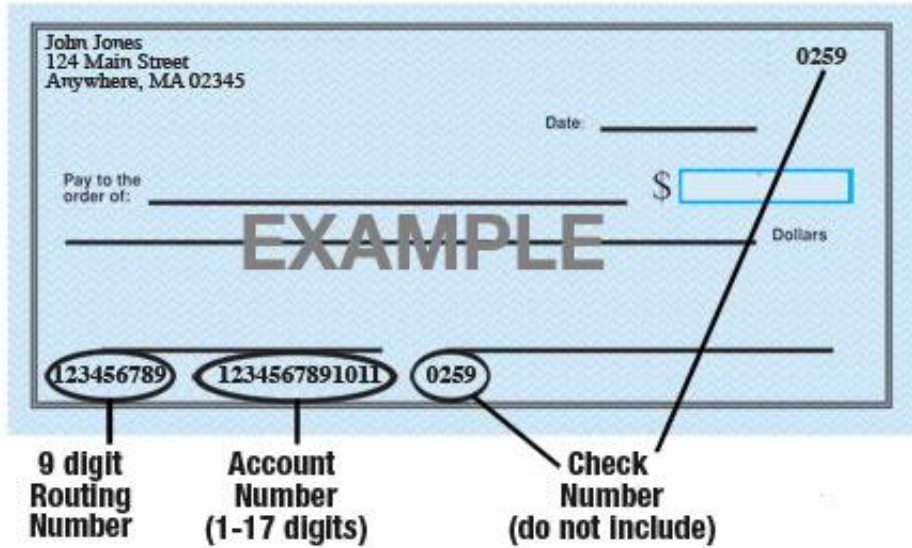
Direct Deposit Authorization Form

Please print and complete ALL the information below.

Check One: New Request Change Request

IMPORTANT NOTICE: For new direct deposit requests, the first pay after this submittal will be in the form of a paper check. Subsequent pays will be via direct deposit.

Employee Full Name: _____ Soc. Sec. No.: _____



ACCOUNT #1:
 Name of Bank: _____ Type of Account (*Circle One*): Checking Savings
 Account #: _____ 9-Digit Routing #: _____
 Deposit Type (*Select One Option from the Choices Below*):
 Dollar Amount: \$ _____ **-OR-** Entire Paycheck

ACCOUNT #2:
 Name of Bank: _____ Type of Account (*Circle One*): Checking Savings
 Account #: _____ 9-Digit Routing #: _____
 Deposit Type (*Select One Option from the Choices Below*):
 Dollar Amount: \$ _____ **-OR-** Entire Paycheck

I hereby authorize Kankakee School District 111 to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s), and the depository named herein to credit and/or debit the same to such account.

This authorization will remain in effect until Kankakee School District 111 has received written information from employee of its termination in such time and such manner as to afford Kankakee School District 111 and stated depository reasonable opportunity to terminate the transaction. Please allow (7) business days for the employer to act upon this request.

Employee Signature: _____ Date: _____