

# BUHLER USD 313 DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

New Change, effective date of \_\_\_\_\_

**Please Note: For licensed staff, no changes will be possible between June 1 and August 31**

**ALL STAFF: Any changes to existing Direct Deposits must be received by Payroll by the 4th of the month. A \$30 fee will be assessed (by payroll deduction) for all returned or rejected direct deposits.**

I hereby authorize Unified School District 313 to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below to credit and/or debit the same to such account.

This authority is to remain in full force and effect until USD 313 receives written notification from me of termination of employment in such time and in such manner as to afford USD 313 reasonable opportunity to act on it.

**Employee Signature:** \_\_\_\_\_

|   |             |         |
|---|-------------|---------|
| Financial Institution Name: _____           | Checking    | Savings |
| City _____ State _____ Zip _____            | Percentage  | _____   |
|   | OR          |         |
| Routing Number: _____ Account Number: _____ | Flat Amount | _____   |

|   |             |         |
|---|-------------|---------|
| Financial Institution Name: _____           | Checking    | Savings |
| City _____ State _____ Zip _____            | Percentage  | _____   |
|   | OR          |         |
| Routing Number: _____ Account Number: _____ | Flat Amount | _____   |

|   |             |         |
|---|-------------|---------|
| Financial Institution Name: _____           | Checking    | Savings |
| City _____ State _____ Zip _____            | Percentage  | _____   |
|   | OR          |         |
| Routing Number: _____ Account Number: _____ | Flat Amount | _____   |

|   |             |         |
|---|-------------|---------|
| Financial Institution Name: _____           | Checking    | Savings |
| City _____ State _____ Zip _____            | Percentage  | _____   |
|   | OR          |         |
| Routing Number: _____ Account Number: _____ | Flat Amount | _____   |

**REQUIRED—We must have something official from your bank that lists routing and account numbers. Please make a copy of a voided check or deposit slip or get a printout from your bank.**