

Schuyler-Industry CUSD #5

Direct Deposit Form

CREDIT AUTHORIZATION FOR MULTIPLE ACCOUNTS

I (we) hereby authorize **Schuyler-Industry Community Unit School District No. 5** hereinafter called **COMPANY**, to initiate credit entries and to initiate, if necessary, any adjustments for any credit entries in error to my (our) account indicated below, and the financial institution named below, hereafter called **FINANCIAL INSTITUTION**, to credit and/or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our account) must comply with the provisions of the U.S. law.

Primary Account:

(Name of Financial Institution) (Name of Branch, if applicable)

(Bank Address) (City/State) (Zip)

(Bank Routing #) (Account #) Type of Account: _____ Checking
_____ Savings

Secondary Account

Flat Dollars Amount to be Deposited \$ _____

(Name of Financial Institution) (Name of Branch, if applicable)

(Bank Address) (City/State) (Zip)

(Bank Routing #) (Account #) Type of Account: _____ Checking
_____ Savings

This authority is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and manner as to afford **COMPANY** and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

(Print Individual Name) (Signature)

(Social Security #) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM FOR CHECKING ACCOUNTS OR COPY OF VOIDED SAVINGS DEPOSIT FORM FROM YOUR BANK WITH YOUR ACCOUNT NUMBER ENCODED ON IT FOR EACH ACCOUNT.

I am currently participating in the Direct Deposit Program but wish to make a change.

- [] **CHANGE** – Changing my Primary or Secondary Account information
- [] **CHANGE** – Adding a another account to my current direct deposit elections

Date: _____ Printed Name: _____ Signature: _____