

School District of Poynette

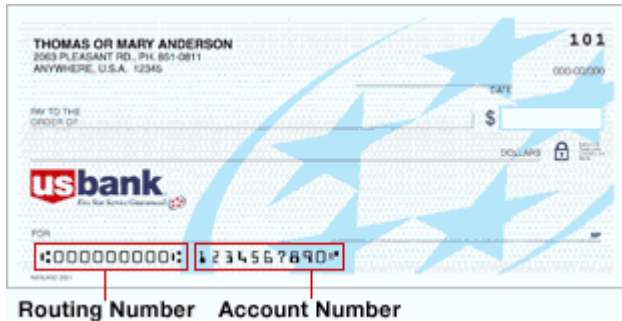
108 N. Cleveland Street
Poynette, WI 53955
608-635-4347

** Direct Deposit Authorization Form **

Employee Name (Please print): _____

New Enrollment Change

Example:



***IMPORTANT NOTE:

If you have **Flex Spending** or are on district **health insurance** and will be receiving health reimbursements via direct deposit please contact Employee Benefits Corporation to notify them of your banking change. Participant Services: **800.346.2126**

(http://www.usbank.com/cgi_w/cfm/personal/products_and_services/checking/direct_deposit_ps.cfm?WT.mc_id=r2947)

Financial Institution: _____

Name on the Account: _____

Routing/Transit Number (9 digits): _____

Account Number: _____

Type of Account: Checking Savings

Direct Deposit Effective Date: _____

I certify that I am an agent on the checking or savings account listed above and hereby authorize the School District of Poynette and its' agents, including financial institutions, to initiate credit entries, and if necessary debit entries and adjustments for any credit entries made in error, to the account listed above.

This authorization is to remain in effect until the School District of Poynette has received written notice from me of a change to this information in such time and in such manner as to afford the School District of Poynette and financial institution a reasonable opportunity to act on it.

Legal Account Holder Signature

Date

Email Address: _____

Note: To assure the correct account will be credited, please attach a voided check or savings account authorization.