## **AUTHORIZATION FORM FOR DIRECT DEPOSIT**

Harrison Hills City School District has mandatory direct deposit. Therefore, you hereby authorize the Direct Deposit of your net pay by HHCSD in the account(s) and financial institution(s) indicated below. In the event that HHCSD deposits funds erroneously into your account, you authorize HHCSD to debit your account for the amount not to exceed the original amount of the credit.

CHEC	K ONE:	□ New	☐ Change	☐ Cancel		
Employ	vee Name (pl	ease print/typ	e):			
Employ	vee Social Se	curity Numbe	er:			
A	canceled or	voided checl	You may elect up k must accompany	to two accounts. each authorization or t	his form will be retur	ned.
1.	Financial Institution:			Location:		
	Routing Trar	nsit Number:		Checking	☐ Savings	
	Account Number:			%		
2.	Financial Institution:			Location:		
	Routing Transit Number:			Checking	☐ Savings	
	Account Number:			%		
	NOTE:	If you choose only one financial institution to deposit to the % must equal 100%. If choosing more than one account to deposit to the total % of the two accounts must equal 100%.				
Employee Signature:				Date:		
notice i	t will state th	e date the fur		chool email account and d to your account(s). Th		
School	Email Addre	ss:				
Second	ary email add	lress:				
between	n changes. It deposit has b nt and you h	may take up been accepte	to 15 days from the d by your Financia	gin participation. A reg e date of notice to stop pa al Institution until you institution to be sure tha	articipation. Do not pre receive a direct depos	esume the ait advice

Office Use Only: Date Received: