

TOWNSHIP HIGH SCHOOL DISTRICT 211

AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT PAYROLL

Employee Name: _____
Last First Middle Initial



District 211 Employee ID #: _____ Social Security #: XXX-XX-_____
(last 4 digits only)

Please check ONE (1) of the following:

I am **not** currently participating in the Direct Deposit Program.

☐ **ADD** - Deposit my pay to the account number provided.

I am currently participating in the Direct Deposit Program.

☐ **CHANGE** - Change my financial institution and/or account number.

☐ **CANCEL** - Stop my participation in the Direct Deposit Program.

Receiving Institution (Bank) Information

Type of Account: (Check only ONE)

☐ Checking, Money Market or Debit Only Account
Voided check or Official Verification of Bank
Account MUST be attached below!!

☐ Savings
Official Verification of Bank Account
MUST be attached below!!

I authorize Township High School District 211 to initiate electronic credit entries for the purpose of employee payment and if necessary, debit entries and adjustments for any entries made in error to my account. This authorization will remain in effect until I cancel it in writing or until my employment is terminated.

Signature of Bank Account Authorized Signer

Date

Note: All new or changes to direct deposit set-up require a prenote test period of one pay date. For this one payroll, you will receive a payroll check that you will need to cash. Assuming no problems with the prenote test, your direct deposit will begin on the pay date following the prenote test.

IMPORTANT!!!!!!

ATTACH VOID CHECK or OFFICIAL VERIFICATION OF BANK ACCOUNT HERE!!

For Office Use Only:

Date received: _____

Prenote payroll: _____

revised 1/4/12