OPTIONAL

Instructions for filling out the

DIRECT DEPOSIT Receiver Authorization Form

Please fill out the form on the back in the following manner:

- Name of Financial Institution The name of your bank, credit union, or other financial institution (must be on list to be eligible).
- Checking or Savings Please indicate whether the account is a checking account or a savings account.
- Bank Routing Number also known as the Bank "ABA" number. This number is found at the very bottom left side of your check. Each financial institution has its own unique Routing Number.
- Employee/Account Holder Signature REQUIRED
- Joint Account Holder Signature Required only if the account requires two signatures on checks or for withdrawals.
- Voided Check Highly recommended for the employer to verify routing and account numbers.

DIRECT DEPOSIT

Receiver Authorization Form

I hereby authorize <u>Coos County School District #54</u> ("the company") to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the bank account(s) listed below. I further authorize the financial institution(s) named below to credit and/or debit such accounts(s).

I understand that this authorization remains in effect until the Company receives from me, in writing, notification to terminate the authorization in such a time and manner as to afford the Company and my financial institution(s) a reasonable time to act on it.

Name of Financial Institution	Checking or Savings	Bank Routing Number	Bank Account Number
Employee/Account Holder Signature		DATE	
Joint account Holder Signature (only if account requires two signatures)			

For employers to verify bank account and routing numbers, employees should attach a **VOIDED CHECK.** Employers and employees should retain completed copies of this form for their records.

THIS FORM IS FOR EMPLOYER/EMPLOYEE USE ONLY