

DIRECT DEPOSIT FORM

Please complete the form below and attach a voided **check** on the bank account(s) you will be using for direct deposit.



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

SCHOOL
NAME HARRISONVILLE SCHOOL DISTRICT

SCHOOL
ID NUMBER 44-6001404

I hereby authorize Harrisonville Schools, hereinafter called Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking/savings account indicated below and the depository named below, hereinafter called Depository, to debit and/or credit the same to such account.

DEPOSITORY
NAME _____ **CHECKING** _____ **SAVINGS** _____

CITY _____ STATE _____ ZIP _____ AMT WITHHELD \$ _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

DEPOSITORY
NAME _____ **CHECKING** _____ **SAVINGS** _____

CITY _____ STATE _____ ZIP _____ AMT WITHHELD \$ _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

DEPOSITORY
NAME _____ **CHECKING** _____ **SAVINGS** _____

CITY _____ STATE _____ ZIP _____ AMT WITHHELD \$ _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

NAME _____ SOC. SEC.NO. _____
(Please Print)

DATE _____ SIGNATURE _____