

**AUTHORIZATION AGREEMENT  
FOR  
DIRECTION DEPOSIT PAYROLL**

Direct deposit of wages is now required for all NEW employees and recommended to existing staff. Exact dates for the payroll schedules are available on the Talawanda web-site.

I authorize the **Talawanda School District** to initiate electronic entries to the account/s indicated below, and the Financial Institution named below to credit and/or debit the same to such account.

**Priority 1** -- \$ \_\_\_\_\_ (must specify dollar amount) or \_\_\_\_\_ 100% of direct deposit.

FINANCIAL INSTITUTION \_\_\_\_\_ CITY, STATE \_\_\_\_\_ Checking\_\_ Savings\_\_

**ROUTING/TRANSIT NUMBER** \_\_\_\_\_ **ACCOUNT NUMBER** \_\_\_\_\_  
*(ACH number of the Financial Institution)*

.....  
**Priority 2** -- \$ \_\_\_\_\_ or \_\_\_\_\_ 100% of direct deposit balance

FINANCIAL INSTITUTION \_\_\_\_\_ CITY, STATE \_\_\_\_\_ Checking\_\_ Savings\_\_

**ROUTING/TRANSIT NUMBER** \_\_\_\_\_ **ACCOUNT NUMBER** \_\_\_\_\_  
*(ACH number of the Financial Institution)*

.....  
**Priority 3** -- 100% of direct deposit balance

FINANCIAL INSTITUTION \_\_\_\_\_ CITY, STATE \_\_\_\_\_ Checking\_\_ Savings\_\_

**ROUTING/TRANSIT NUMBER** \_\_\_\_\_ **ACCOUNT NUMBER** \_\_\_\_\_  
*(ACH number of the Financial Institution)*



**This authority will remain in full force and effect until TALAWANDA has received written notice from me of any account closures and in such time and manner as to afford TALAWANDA and FINANCIAL INSTITUTION a reasonable opportunity to act on it. No more than (1) one pay date will pass without activation of a new account.**

NAME \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

CONTACT PHONE # \_\_\_\_\_

Direct deposit notices should be delivered to the following.

Email address \_\_\_\_\_