

NORTH STAR SCHOOL DISTRICT DIRECT DEPOSIT AUTHORIZATION FORM

I authorize the **NORTH STAR SCHOOL DISTRICT**, hereinafter called COMPANY to initiate credit entries to account(s) indicated below at the depository financial institutions named below, hereinafter called DEPOSITORY, to credit the same to such account. I acknowledge that the origination of ACH (Automated Clearing House) transactions to my account must comply with the provisions of U.S. Law.

BANK 1 DEPOSITORY NAME _____		
CITY _____	STATE _____	ZIP CODE _____
ROUTING NUMBER _____		
ACCOUNT 1		
<input type="checkbox"/> CHECKING ACCOUNT	<input type="checkbox"/> SAVINGS ACCOUNT	
ACCOUNT NUMBER _____	REMAINDER BALANCE _____	
ACCOUNT 2		
<input type="checkbox"/> CHECKING ACCOUNT	<input type="checkbox"/> SAVINGS ACCOUNT	
ACCOUNT NUMBER _____	AMOUNT _____	

BANK 2 DEPOSITORY NAME _____		
CITY _____	STATE _____	ZIP CODE _____
ROUTING NUMBER _____		
ACCOUNT 3		
<input type="checkbox"/> CHECKING ACCOUNT	<input type="checkbox"/> SAVINGS ACCOUNT	
ACCOUNT NUMBER _____	AMOUNT _____	
ACCOUNT 4		
<input type="checkbox"/> CHECKING ACCOUNT	<input type="checkbox"/> SAVINGS ACCOUNT	
ACCOUNT NUMBER _____	AMOUNT _____	

CHECK ONE:

FIRST DEPOSIT **CHANGE** **CANCEL**

This authorization 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.

Employee Name _____ SSN _____-_____-_____
(Please Print)

Employee Signature _____ Date _____

A VOIDED CHECK OR DEPOSIT TICKET MUST BE ATTACHED TO THIS FORM. ATTACH VOIDED ITEMS HERE.