



THOMPSON SCHOOL DISTRICT R2-J AUTOMATIC DEPOSITS

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

Name _____ EID# _____

I hereby authorize the **Thompson School District R2-J (TSD)** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking *___ savings **___ account (select one) indicated below and the **BANK** name below to credit and/or debit the same to such account.

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

BANK Name _____

City _____ State _____ Zip Code _____

Transit/ABA # _____ Account # _____

*** ATTACH a VOIDED CHECK – PLEASE!**
**** Verify BANK numbers when choosing a Saving Account.**

Date _____ Signed _____

BNK _____ For Payroll Use Only

Please complete direct deposit information form above using instructions below:

1. **PRINT** your name.
2. **Fill in** your EID number.
3. **Select** either checking OR savings account.
4. **Fill in** the name of your bank.
5. **Fill in** the bank's city, state, and zip code.
6. **Complete** the Transit/ABA # (routing #) - this is the first set of 9 numbers on the lower left corner of your check. If no check is available, confirm this number with your bank.
7. **Add** your Account #.
8. **Sign** and **date** this form.
9. **ATTACH A VOIDED CHECK PLEASE OR VERIFY BANK NUMBERS IF CHOOSING SAVINGS ACCOUNT.**