



JACKSONVILLE SCHOOL DISTRICT 117

Authorization Agreement for Direct Deposit (ACH Credits)

Company Name: **Jacksonville School District 117**

Employee Name: _____

I hereby authorize, Jacksonville School District 117, hereinafter called **Company**, to initiate credit entries to and initiate debit entries and adjustments for any credit entries in error to my:

Checking Account Savings Account

indicated below and the depository name below hereinafter called **Depository**, to credit and/or debit the same to such account.

Depository Name: _____

City: _____ State: _____ Zip Code: _____

Transit/ ABA Number: _____

Account Number: _____

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

Employee Signature: _____ Date: _____

Please note your first pay will be by check and the following pays will be direct deposit.

Please attach a copy or voided check if you are choosing to deposit into a checking account.