Granite Falls School District No 332
Authorization Agreement for Automatic Payroll Deposits

Employee Name:_____

I hereby authorize the Granite Falls School District to make payroll deposits to my bank account(s) indicated below:

Bank Name:_____

Account No:_____

☐ Checking ☐ Savings For Net Pay Only

2nd Bank Name:_____

Account No:_____

☐ Checking ☐ Savings $_____ Set dollars amount

3rd Bank Name:_____

Account No:_____

☐ Checking ☐ Savings $_____ Set dollars amount

*******IMPORTANT – PLEASE ATTACHA VOIDED CHECK FOR CHECKING DEPOSIT AND A SAVINGS DEPOSIT SLIP FOR A SAVINGS ACCOUNT**

This authority is to remain in full force and effect during my employment with the Granite Falls School District. I understand that the Granite Falls School District requires at least twenty (20) days written notice if I change bank(s) and/or account(s).

By signed below, I agree to hold harmless the Granite Falls School District for any loss, liability or expense incurred in connection with this agreement.

_____ _____

Employee Signature Date

INSTRUCTIONS FOR COMPLETING THIS FORM

1. Employee Name – As it appears on your payroll record
2. Bank Name and Branch – The name of your bank and branch
3. Account Number – This is your bank account number. It appears on the bottom of your checks. Please attach a voided check for checking account deposits and a savings deposit slip for your savings account or a letter for you bank and credit union containing their routing number and your account number for verification purposes.
4. Signature and Date – The employee signature and date signed.

DIRECT DEPOSIT IS MANDATORY FOR ALL EMPLOYEES