

**HIGHLAND SCHOOL DISTRICT #305
DIRECT DEPOSIT AUTHORIZATION**

Use this form to add, change or cancel a direct deposit. Please be aware that the direct deposit procedure takes one business day to clear through the bank. Because of this time delay, **the district makes no assurance that funds will be credited to your account on the same day that manual checks are released.** If paychecks printed are delayed for any reason, this in turn **COULD DELAY** your direct deposit transaction.

I hereby authorize Highland School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my

____ CHECKING ____ SAVINGS (select one)

account and the depository names below and to credit and/or debit the same to such account.

____ NEW ACCOUNT ____ CANCEL ACCOUNT (Select one)

Depository Name _____ Branch _____

Address _____

City _____ State _____ Zip _____ Phone _____

9 Digit Transit Routing No. _____ Account No. _____

This authority shall remain in full force and effect until Employer has received written notification from me of its termination in such time and in such manner as to afford Employer and Depository a reasonable opportunity to act on it. **Deposits returned because of closed accounts or incorrect information provided by the employee will be result in a \$10.00 return fee and delay of five days in receiving your paycheck.**

Name _____

Signature _____ Date _____

PLEASE ATTACH A VOIDED CHECK

e-mail: _____