

**AUTHORIZATION FOR DIRECT DEPOSIT
SAUK PRAIRIE SCHOOL DISTRICT**

I hereby authorize Sauk Prairie Schools to initiate debit (credit) entries to my checking or savings account indicated below and the financial institution named below to debit(credit) the same to such account.

NAME OF FINANCIAL INSTITUTION _____

CITY/STATE _____

ACCOUNT NUMBER (from check) _____

ROUTING NUMBER (from check, 9 digits) _____

CHECKING **OR** SAVINGS (circle one)

I certify that I have read and understand this form; I authorize my payroll checks to be sent to the financial institution listed above and deposited in the designated account. This authority is to remain in full force and effect until the district has received written notification from me of its termination.

X _____ Date _____

Print Name _____

It is your responsibility to notify us immediately of any changes in your financial institution (i.e. change of account, closure of account, etc.)

Choosing direct deposit also means you have chosen to go paperless. Please provide your email address to receive payroll updates and information on how to access Employee Access, the program that allows you to view and print your payroll information.

Email address: _____