



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

New/Change

Cancel ALL Bank Deposits

Name(s) _____
(print)

Employee ID # _____

I hereby authorize Jenks Public Schools, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking, payroll pay card or savings account indicated below and as designated on the corresponding payroll advice, and the financial institutions named below to credit and/or debit the same to my account.

#1 Primary Direct Deposit Bank 100% of Net Balance

Financial Institution _____

Select One:

Checking Savings Transit/ABA # _____ Account # _____

#2 Payroll Pay Card 100% of Net Balance

Financial Institution _____

Payroll Pay Card Transit/ABA # _____ Account # _____

#3 Direct Deposit Bank (Fixed Amount \$ _____ Each Payday)

Financial Institution _____

Select One:

Checking Savings Transit/ABA # _____ Account # _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and the financial institution a reasonable opportunity to act upon it.

Employee Signature

Date

Your voided personal check MUST be returned with this completed agreement for direct deposit to a checking account. If the direct deposit is to a savings account, a verification of account number from the financial institution must be completed and on file in our office. Please return all paperwork to the Payroll Department, Administration Building.



**Verification of SAVINGS ACCOUNT Number
and Financial Institution Routing Number**

Name and Address of Financial Institution

Routing Number

Depositor's Savings Account Name

Depositor's Savings Account Number

Financial Institution's Certification

I confirm the identity of the above named payee and the savings account number. As a representative of the above named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in the payee(s) savings account.

Print or type representative's name

Signature of representative

Telephone number of Representative

Date

The financial institution should mail or send the completed form along with a completed direct deposit authorization form to:

Jenks Public Schools
Payroll Department
205 East B Street
Jenks, OK 74037