



Jenks
Public Schools
205 East B Street
Jenks, OK 74037-3900
(918) 299-4411
www.jenkspss.org

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 or the financial institution must verify the account number and routing number for your account. (See reverse side of this form.) Please return all paperwork to the Payroll Department, Jenks Public Schools Education Service Center.





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ACCOUNT VERIFICATION BY FINANCIAL INSTITUTION

Type of Account: _____ Checking _____ Savings

Name(s) on Account

Account Number

Name and Address of Financial Institution

Routing Number

Financial Institution Certification of Information

I confirm the identity of the above named payee and the account number for their account. 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) account.

Representative's Name (Print or Type)

Signature of Representative

Representative Phone Number

Date

Return completed form to:
Payroll Office
Jenks Public Schools
Education Service Center
205 East B Street
Jenks, OK 74037

