



Direct Deposit Authorization Form

New

Change

Name: _____

Main Account:

Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Additional Account:

Financial Institution: _____

Fixed Amount: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Additional Account:

Financial Institution: _____

Fixed Amount: _____

Routing Number: _____

Account Number: _____

Checking

Savings

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 above and as designated on the corresponding payroll advice, and the financial institutions named above to credit and/or debit the same to my account.

Employee Signature

Date

If unable to provide bank documentation, please have a bank representative sign and date to confirm the above named payee is on the account listed, that the account numbers are correct and that the financial institution agrees to receive funds into the account.

Bank Representative Signature and Title

Date

Bank Address

Bank Phone Number

Please present your valid state I.D. with paperwork in person to the Payroll Department at the Education Service Center.