BENTON SCHOOL DISTRICT
Direct Deposit Authorization Form

Please print and complete ALL the information below. Return this form to the Accounting Department.

Name: _____

Social Security Number: _____

Primary	Secondary (Flat Amount)
Name of Bank: _____	Name of Bank: _____
Account #: _____	Account #: _____
9-Digit Routing #: _____	9-Digit Routing #: _____
	Flat Amount: $ _____
Type of Account: ☐ Checking ☐ Savings (Check One)	Type of Account: ☐ Checking ☐ Savings (Check One)

***** A VOIDED CHECK MUST BE ATTACHED BELOW *****

STATEMENT: I hereby authorize and request Benton School District #8 to have my salary deposited directly to my checking and/or savings account as indicated above. I authorize and request my financial institution to credit the same to my account. I also authorize Benton School District #8 to initiate debit entries to my account should such entries be necessary to correct incorrect credit entries.

A Pre-Note will be processed the first month showing a "0" deposit to my account to verify correct routing numbers and the live Direct Deposit will begin the following payroll.

This authority is to remain in full force and effect until Benton School District #8 has received written notification from me of its cancellation. I may give such cancellation at any time, but I must allow Benton School District #8 a reasonable time after receipt to act upon it. I will be responsible to notify the Benton School District if I close my account or change banks or bank accounts. Failure to notify the district may cause a delay in receiving my deposit.

_____ _____

Employee Signature Date

Updated May 24, 2019