

ADEL-DESOTO-MINBURN SCHOOLS

DIRECT DEPOSIT AUTHORIZATION FORM

I authorize ADM and the financial institution(s) named below to automatically deposit my net pay to my account(s) (this includes my authorization to you to reverse any entries made in error). This includes all reimbursement requests and payments processed through Accounts Payable. This authority will remain in effect until I give written notice to cancel it. I understand that rewrite of paychecks will not be possible with direct deposit and any adjustments will take place the following pay period.

Account #1

Account #1 Type (check one): • checking • savings

Amount to be deposited to this account • all • Dollar amount _____

Employee Bank Name

Account #2

Account #2 Type (check one): • checking • savings

Amount to be deposited to this account • remainder

Employee Bank Name

Please attach a voided check for each account here.

If your account does not have checks you must provide a document from your banking institution with the routing number of the bank and your account number.

This authorization will be in effect until the ADMCSD receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Email address (non-employees only)

Printed Name

Date