

DIRECT DEPOSIT AGREEMENT  
HUTCHINSON PUBLIC SCHOOLS  
Hutchinson, Kansas

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

DEPOSITORY/FINANCIAL INSTITUTION	
Bank Name _____	Bank Routing No. * _____
Your Acc't No.* _____ <u>Remainder</u> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Second Account:	
Bank Name _____	Bank Routing No. * _____
Your Acc't No.* _____      Amt or % _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

I hereby authorize Hutchinson Public Schools USD 308 to initiate direct deposit payroll credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking/savings account(s) indicated above and the Depository Financial Institution named above to accept and to credit or debit the amount of such entries to my account(s).

This authorization is to remain in force until the USD 308 payroll office receives written notice of cancellation from me. The notice of cancellation must be received at least 14 days prior to the pay date which will be affected by the change. I recognize that I must notify the USD 308 payroll office of any change in banks or accounts and complete a new Agreement to insure proper and timely deposits to my accounts.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***\*A voided personal check must be attached for checking accounts and/or a deposit slip for savings accounts.***