

**DELAWARE COMMUNITY SCHOOL CORPORATION
EMPLOYEE PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM**

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I, (we) hereby authorize Delaware Community School Corporation to initiate credit entries and, if necessary, initiate debit entries or adjustments for any credit entries in error to my (our) checking or savings account(s) as indicated at the Financial Institution named below. This authorization is to remain in full force and effective until my (our) written notification of its termination has been received at Central Office in such time as to allow Delaware Community Schools and the Financial Institution a reasonable opportunity to act on it.

Employee Name (Please Print) _____	Employee Signature _____	Date _____
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Thank you for choosing Direct Deposit. You have the option of selecting more than one financial institution. When depository changes are made, the start-up period will take at least one full cycle, while each transaction is sent as a pre-test to the financial institution. Once the account verification is received from the financial institution, the actual change will become effective the next pay period. In completing your Payroll Direct Deposit Authorization, please remember that the sum of all your direct deposits must equal the amount of your payroll check. You, the employee, are responsible for notifying the Payroll Department prior to closing any of the direct deposit accounts.

PRIMARY FINANCIAL INSTITUTION INFORMATION

Financial Institution Name: _____

Financial Institution Address: _____

Route/Transit Number (9 digits):

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Account Number: _____ Account Type: Savings Checking

Deposit Amount: Balance of check or \$ _____ per pay period

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name: _____

Financial Institution Address: _____

Route/Transit Number (9 digits):

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Account Number: _____ Account Type: Savings Checking

Deposit Amount: Balance of Check or \$ _____ per pay period

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name: _____

Financial Institution Address: _____

Route/Transit Number (9 digits):

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Account Number: _____ Account Type: Savings Checking

Deposit Amount: Balance of Check or \$ _____ per pay period