

Gladstone School District
Authorization for Direct Deposit Form

Please Print Clearly

Employee Name: _____ Employee #: _____

Employee Email: _____

It is imperative that the transit routing and account numbers are correct. Please get the numbers from your check or financial institution to insure the accuracy of this information. If you have a check, please mark the check as voided and attach to this form. The numbers on a deposit slip are not the account number. If you do not have checks, please verify with your bank the routing number and account number.

I authorize Gladstone School District and the financial institution(s) listed below to deposit my pay electronically each payday. If funds to which I'm not entitled are deposited in my account, I authorize Gladstone School District to direct the financial institution(s) to return said funds. This authority will remain in effect until I have filed a new authorization or cancelled the authorization in writing.

Gladstone School District acts solely as the employee's agent in depositing pay as requested by the employee. Gladstone School District only function is to make the deposits requested by the employee and assumes no present or future responsibility for the account or depository selected by the employee.

Employee Signature: _____ Date: _____

Account # 1: Please check one box: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop		
Type (check one)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Financial Institution Name: _____	City: _____	State: _____
9 Digit Bank Routing Number: _____	Account Number: _____	
<input type="checkbox"/> All (Deposit Full Amount)	\$ _____ Dollar Amount to be deposited	

Account # 2: Please check one box: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop		
Type (check one)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Financial Institution Name: _____	City: _____	State: _____
9 Digit Bank Routing Number: _____	Account Number: _____	
<input type="checkbox"/> All (Deposit Full Amount)	\$ _____ Dollar Amount to be deposited	

Direct Deposit will be in place until changed or cancelled by you in writing or until termination of employment.