



# Gavin School District 37

**Direct Deposit Agreement Form**    New Enrollment     Change     Cancel Direct Deposit

**Authorization Agreement**

I hereby authorize **Gavin School District 37** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Gavin School District 37** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Gavin School District 37** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I understand that initiation of Direct Deposit will take two payroll periods.

This agreement will remain in effect until **Gavin School District 37** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

**Account #1**

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number:	<b>Checking</b> <i>(attach voided check)</i> <input type="checkbox"/>	<b>Savings</b> <i>(attach financial institution)</i> <input type="checkbox"/>
Deposit Allocation:	<b>Amount</b> <i>(\$ amount to be deposited)</i>	<b>Percentage</b> <i>(% of check to be deposited)</i>

**Account #2**

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number:	<b>Checking</b> <i>(attach voided check)</i> <input type="checkbox"/>	<b>Savings</b> <i>(attach financial institution)</i> <input type="checkbox"/>
Deposit Allocation:	<b>Amount</b> <i>(\$ amount to be deposited)</i>	<b>Percentage</b> <i>(% of check to be deposited)</i>

**Signature**

Printed Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Please attach a voided check and return this form to the Payroll Department.**

**Questions? Contact Diana Miletich Wester at [dweste@gavin37.org](mailto:dweste@gavin37.org) or 224-577-4112**