

Direct Deposit Agreement Form

Shakopee Public Schools

Authorization Agreement

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

Further, I agree not to hold **Shakopee Public Schools** 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.

This agreement will remain in effect until **Shakopee Public Schools** 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 Information			
Name of Financial Institution:			
Routing Number:		First Account	
Account Number:		Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Authorized Signature:		Date	Amount Per Check
Please attach a voided check and return this form to the Payroll Department.	Employee Name:		Employee #

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Account Information			
Name of Financial Institution:			
Routing Number:		Second Account	
Account Number:		Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Authorized Signature:		Date	Amount Per Check
Please attach a voided check and return this form to the Payroll Department.	Employee Name:		Employee #