

Prairie Central CUSD #8 Payroll Direct Deposit Authorization

- Attach a voided check for checking account deposits
- Attach a deposit slip for savings account deposits (contact your bank for blank if necessary)

Name: _____

Check one of the following:

Start Stop Change

Effective Date:

As Soon As Possible Future Paydate ____/____/____

Bank Information

Name of Financial Institution: _____

City, State: _____

Checking Account Savings Account

Bank Routing Number (ABA): _____

Account Number: _____

Percent _____ or Amount _____

(Note: if you enter an amount, a second account MUST be entered below and the remaining balance box checked)

Bank Information

Name of Financial Institution: _____

City, State: _____

Checking Account Savings Account

Bank Routing Number (ABA): _____

Account Number: _____

Percent _____ or Remaining Balance

(Note: Total percent must equal 100)

I certify that I am the owner, or joint owner, of the account(s) designated and am entitled to provide this authorization. I authorize Prairie Central CUSD #8 to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account(s) listed above. This authorization will remain in effect until Prairie Central CUSD #8 receives written notice of direct deposit termination from me, in such time and manner as to afford reasonable opportunity for Prairie Central and the Financial Institution(s) to act on it. I understand that the very earliest I can expect my checking or savings account(s) to be credited will be on payday. Also, if I change or terminate my account(s) without notifying Prairie Central Payroll in writing, I understand that my pay may be delayed.

Signature: _____ Date: _____