

HORATIO SCHOOL DISTRICT

DIRECT DEPOSIT

NAME \_\_\_\_\_ SS# \_\_\_\_\_

YOUR FINANCIAL INSTITUTION \_\_\_\_\_

LOCATION OF FINANCIAL INSTITUTION \_\_\_\_\_  
City State

YOUR FINANCIAL INSTITUTION'S ABA NUMBER \_\_\_\_\_  
(9 Digit Number)

( ) Checking Account Number \_\_\_\_\_

\*\* If a portion of the net pay is deposited to a savings account, the remainder is deposited to the checking account number noted here.

( ) Savings Account Number \_\_\_\_\_

AMOUNT DEPOSITED TO SAVINGS \_\_\_\_\_

\*\*\*\*\*PLEASE ATTACH A VOIDED CHECK\*\*\*\*\*

STATEMENT (Please Read)

I hereby authorize and request Horatio School District to have my salary deposited directly to my checking or savings account as indicated above. I authorize and request my financial institution to credit the same to my account. I also authorize Horatio School District initiate debt entries to my account, should such entries be necessary to correct incorrect credit entries.

The authority is to remain in full force and effect until Horatio School District has received written notification from me of its cancellation. I may give such cancellation notice at any time, but I must allow the school a reasonable time after receipt to act upon it.

It will be my responsibility to notify the school in writing of any change in my account status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date