

# **DIRECT DEPOSIT** **AUTHORIZATION AGREEMENT**

**ST. LOUIS PARK SCHOOLS  
DISTRICT NO. 283  
ST. LOUIS PARK, MN 55426-3498**

**Type or Print**

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Bank Name _____
Bank Address _____ City _____ State _____ Zip _____
Bank Routing Number _____

**\*\* Important Note:** The employee is responsible for contacting his/her bank or financial institution to confirm the bank routing numbers and account numbers. The employee is also responsible for notifying Payroll immediately if the deposit bank changes or account numbers change.

**\*\*** Checking and Savings *accounts* do not need to be at the same financial institution.

**\*\*** A separate form is required for each institution.

**Deposit to:**

Checking Account Number _____	Savings Account Number _____
Amount _____	Amount _____
All Checking _____	All Savings _____

*I hereby authorize ST. LOUIS PARK SCHOOLS and the depository named above to initiate direct deposit (credit) entries and correction (debit) entries if necessary due to error in payment to the depository account listed above. This authorization will remain in effect until the Payroll Office receives written notification from me at least 30 days prior to the effective date of the termination. Also, there is a one pay period pre-note process. Your change will take effect if all information provided is correct, within 30 days of date.*

**\*\*\*PLEASE ATTACH A VOIDED PERSONALIZED CHECK TO THIS FORM FOR CHECKING ACCOUNT REQUEST.**

Signature \_\_\_\_\_ Email Address \_\_\_\_\_  
Date \_\_\_\_\_ Phone number \_\_\_\_\_

**PAYROLL USE ONLY**

Date entered \_\_\_\_\_ Initials \_\_\_\_\_
