

INDEPENDENT SCHOOL DISTRICT NO. 1

306 Second Street NW, Aitkin, MN 56431

(218) 927-2115

**DIRECT DEPOSIT
AUTHORIZATION FORM**

I authorize you and the financial institution listed below to initiate an electronic credit entry, and if necessary, adjustments for any credit entry in error to my bank account each payday. It is my responsibility to notify my employer of any changes in financial institutions and/or account numbers.

Signature _____ Date _____

Attach a voided check or deposit slip for the account into which you want your deposits made.

Please check:

_____ Checking Account

_____ Savings Account

RETURN COMPLETED FORM TO THE DISTRICT OFFICE