

Direct Deposit Authorization Form: Aitkin School District- ISD'1

This authorization form gives the District and your financial institution authority to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries made in error. This authority will remain in effect until canceled in writing. You must indicate whether the funding for any of these transactions will be transmitted to a financial agency located outside the territorial jurisdiction of the United States. NACHA Operating Rules 9.13.09 IAT.

All information entered here will be considered strictly confidential.

For all **New Accounts...** please tape your copy of the voided check/savings deposit to the back side of this form.

Print Name _____ Employee Number _____

ACCOUNT INFORMATION:

Deposit each payday- Full amount of check or Remainder of Check to this account

_____ Checking Account (Please attach a voided check)

_____ Savings Account (Please attach a deposit slip)

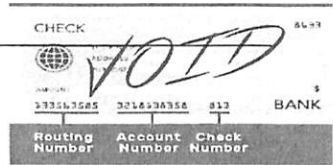
Financial Institution _____

Routing/ABA Number _____ (From the lower left corner of check/deposit slip)

Account Number _____

Will this transaction be transmitted to a financial agency located outside the Territorial Jurisdiction of the United States?

Yes IAT No PPD



ACCOUNT INFORMATION:

If you wish to have your funds split between multiple accounts

_____ Checking Account (Please attach a voided check)

_____ Savings Account (Please attach a deposit slip)

Financial Institution _____

Routing/ABA Number _____ (From the lower left corner of check/deposit slip)

Account Number _____

Amount to deposit each payday \$ _____

Will this transaction be transmitted to a financial agency located outside the Territorial Jurisdiction of the United States?

Yes IAT No PPD

ACCOUNT INFORMATION:

If you wish to have your funds split between multiple accounts *More than three? ... Just attach additional forms... Max of 9 accounts*

_____ Checking Account (Please attach a voided check)

_____ Savings Account (Please attach a deposit slip)

Financial Institution _____

Routing/ABA Number _____ (From the lower left corner of check/deposit slip)

Account Number _____

Amount to deposit each payday \$ _____

Will this transaction be transmitted to a financial agency located outside the Territorial Jurisdiction of the United States?

Yes IAT No PPD

Signature _____ Date Signed _____