



Culdesac School District
Home of the Wolves

Alan Felgenhauer
Superintendent

Henry Filipponi
Principal

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Highland School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my

Account type: (please mark only one) _____ Checking _____ Savings

account and the depository names below and to credit and/or debit the same to such account.

Bank and/or Credit Union Name for payroll deposit: _____

Address of institution: _____

Phone: _____

Bank routing number (ABA number): _____ Account number: _____

This authorization will be in effect until employee gives written notice of termination in such time and in such manner as to afford Employer and Depository a reasonable opportunity to act on it..

Employee: _____ email to send notice: _____

Authorization signature: _____ Date of authorization: _____

Please attach a voided check for the account to the bottom of this authorization page. This form must be completed and returned a month before the initial electronic deposit.

PLEASE ATTACH YOUR VOIDED CHECK HERE