



ROLLA PUBLIC SCHOOLS
DIRECT DEPOSIT AUTHORIZATION FORM

Authorization Agreement

I, _____, hereby authorize Rolla Public Schools to initiate automatic deposits to my account at the financial institution named below. I also authorize Rolla Public Schools to make withdrawals from this account in the event that a credit entry is made in error.

This agreement will remain in effect until Rolla Public Schools receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____ Checking | Savings \$ or %: _____

Routing Number: _____ Account Number: _____

Name of Financial Institution: _____ Checking | Savings \$ or %: _____

Routing Number: _____ Account Number: _____

Signature: _____ Date: _____

Please attach a voided check(s) (deposit slips are not acceptable) and return this form to the Payroll Department.