

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

TO: Chadron Public Schools
602 East 10th Street
Chadron, NE 69337

I authorize you and the financial institution(s) listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my paycheck.

Please direct deposit my paycheck in the following account(s):

(1) Amount or percentage: _____
Financial Institution: _____
Address: _____
City, State, Zip: _____
Type of Account: _____
Account Number: _____
Transit Routing Number: _____

(2) Amount or percentage: _____
Financial Institution: _____
Address: _____
City, State, Zip: _____
Type of Account: _____
Account Number: _____
Transit Routing Number: _____

Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM – NOT A DEPOSIT SLIP.