

Community Consolidated School District 62
777 E. Algonquin Road
Des Plaines, IL 60016

Name _____

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Name _____ Employee I.D. Number _____
Address _____ City _____ State IL ZIP _____

Direct Deposit my paycheck to my checking account:

Bank Name: _____

Bank Address: _____ City _____ State IL ZIP _____

Bank Account Number: _____ ABA Routing Number: _____ *

* Please attach a voided blank check for the account you are requesting direct deposit of payroll.

I hereby authorize Community Consolidated School District 62 to direct deposit my paycheck to the bank listed above. This includes initiating credit entries and, if necessary, debit entries and adjustments for credit entries made in error to my account. This authorization remains in force until my employer receives written notification from me terminating this Agreement. Upon termination of this Agreement, I realize it may take two pay periods to discontinue direct deposit transactions.

Employee Signature

Date of Agreement

Acknowledgement of Agreement by CCSD62 Representative