

Employee Name: _____

Rib Lake School District
1236 Kennedy St
PO Box 278
Rib Lake, WI 54470

715-427-3222

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Rib Lake School District** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Rib Lake School District** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Rib Lake School District** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Rib Lake School District** 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: _____

Routing Number: _____

Checking Savings

Account Number: _____

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.