



Fort Calhoun Community Schools

Direct Deposit

Full Name: _____

Name of Financial Institution: _____

Routing #: _____

Account #: _____

Checking

Savings

Authorization Agreement

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

Further, I agree not to hold Fort Calhoun Community Schools responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds into my account.

This agreement will remain in effect until Fort Calhoun Community 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.

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check and return to
Fort Calhoun Community Schools