



GENESEO COMMUNITY UNIT SCHOOL DISTRICT #228
 648 N. CHICAGO STREET
 GENESEO, IL 61254

PHONE: 309-945-0450
 FAX: 309-945-0445

New Agreement **Change Account**

Direct Deposit Authorization Agreement

Authorization Agreement

I hereby authorize **Geneseo Community Unit School District #228** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Geneseo Community Unit School District #228** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Geneseo Community Unit School District #228** 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 to my account.

This agreement will remain in effect until **Geneseo Community Unit School District #228** 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: _____

Account Number: _____ Checking Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a **voided check** for checking accounts
OR notice of deposit from the financial institution for savings accounts.

Return this form to the attention of PAYROLL DEPARTMENT at the District Office.

Jane A. Doe	3680
1000 Main St. Date _____	
Anywhere, USA 10001	
PAY TO THE	
ORDER OF _____	\$
_____	DOLLARS
MEMO _____ X _____	
123456789 11484620040 3680	

I Transit/ABA No. I I Account No. I