



## Direct Deposit Agreement Form

I hereby authorize Show Low School District #10 to initiate automatic deposits to my account at the financial institution named below. I also authorize the Show Low School District #10 to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Show Low Unified School District #10 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 Show Low School District #10 receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Payroll.

Name of Financial Institution: \_\_\_\_\_

Branch/Address: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type: Checking  Savings

Printed Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach VOIDED Check here**