

DIRECT DEPOSIT AUTHORIZATION AGREEMENT
Payroll Department
Lincoln Public Schools
Lincoln, Nebraska

I hereby authorize Lincoln Public Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereafter called financial institution, to credit and debit the same entries to such account.

First Application **Change of Bank** **Change of Account (same bank)**

Financial Institution _____

City _____ State _____ Zip _____

Bank Transit No. _____ Account No. _____

Effective Date _____ Checking? _____ Savings? _____

I understand this agreement will remain in full force and effect until Lincoln Public Schools has received **written notification** from me.

Agreements received in Payroll by the 10th of the month will be effective with the current end of the month paycheck.

Signature _____ Social Security Number _____

School _____ Date _____

Note: Attach a voided blank check or, if deposited to a savings account, a savings account statement to validate account information.

ATTACH VOIDED BLANK CHECK

Jane A. Doe 1000 Main St. Anywhere, U.S.A. 10001		_____ 20 ____
PAY TO THE ORDER OF _____	\$ _____	
_____		DOLLARS
MEMO _____		

Transit No.

Account No.

Check No.