

# CHEROKEE COMMUNITY SCHOOL DISTRICT DIRECT DEPOSIT PAYROLL/ACCOUNTS PAYABLE AUTHORIZATION

I hereby authorize CHEROKEE COMMUNITY SCHOOL DISTRICT to initiate credit entries to my account as indicated below and to the depository named below to credit the same to such account.

**EMPLOYEE INFORMATION** (please print):

NAME: \_\_\_\_\_ SSN# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**DEPOSITORY INFORMATION** (primary deposit):

BANK NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSIT/ABA NO: \_\_\_\_\_ ACCT #: \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings

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**DEPOSITORY INFORMATION** (fixed deposit amount, second account):

Dollar Amount: \_\_\_\_\_ Type of Account: ☐ Checking ☐ Savings

BANK NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSIT/ABA NO: \_\_\_\_\_ ACCT #: \_\_\_\_\_

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**DEPOSITORY INFORMATION** (fixed deposit amount, third account):

Dollar Amount: \_\_\_\_\_ Type of Account: ☐ Checking ☐ Savings

BANK NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSIT/ABA NO: \_\_\_\_\_ ACCT #: \_\_\_\_\_

This authorization is to remain in full force and effect until Cherokee Community School District has received written notification of its termination in such time and in such a manner as to afford the School District and the Depository a reasonable opportunity to act upon it.

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

Email Address: \_\_\_\_\_

**Consent to Electronic Delivery**

By signing this document, you authorize us to send paystubs, tax forms, and other payroll-related documents to your designated email address. You acknowledge that electronic delivery is an acceptable method of receiving these documents.