

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

DEPOSITORY INFORMATION (fixed deposit amount, second account):

Dollar Amount: _____ Type of Account: Checking Savings

BANK NAME: _____
CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NO: _____ ACCT #: _____

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.