

DIRECT DEPOSIT

Employee's Authorization: Please fill out and **attach a voided check**.

I authorize Dickinson Public School District and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account each payday. This authority will remain in effect until I have cancelled it in writing.

(Please select one)

1. _____ **checking**

2. _____ **savings**

Financial Institution: _____

Employee Name: _____

Employee Signature: _____

Effective Date: _____