

# Direct Deposit Authorization

To: \_\_\_\_\_  
Employee

From: River Charter Schools  
Company Name

A full or partial deposit of your wages may be made to up to **2** checking and **2** savings accounts at up to **2** different banks or credit unions. You may specify the amount to be deposited or specify that the balance remaining after previous deposits be directed to any account.

For the Account #1, select the account type and specify the dollar amount or check the box indicating that you want the total amount deposited to that account. For the remaining accounts, select the account type and specify the dollar amount or select the check box indicating that you want the remaining balance deposited to that account.

NOTE: When filling in the “9 Digit Routing Number” and “Account Number” information, please *be sure to verify them* with your bank or credit union before submitting this form.

<b>Account #1</b>	Select Account Type: <input type="checkbox"/> Checking ( <i>attach voided check</i> )	<input type="checkbox"/> Savings
Bank Name:		
Bank Address:	City:	Phone:
9 Digit Routing Number:	Account Number:	
Requested amount per pay period for this account:	\$	<input type="checkbox"/> Remaining balance

<b>Account #2</b>	Select Account Type: <input type="checkbox"/> Checking ( <i>attach voided check</i> )	<input type="checkbox"/> Savings
Bank Name:		
Bank Address:	City:	Phone:
9 Digit Routing Number:	Account Number:	
Requested amount per pay period for this account:	\$	<input type="checkbox"/> Remaining balance

<b>Account #3</b>	Select Account Type: <input type="checkbox"/> Checking ( <i>attach voided check</i> )	<input type="checkbox"/> Savings
Bank Name:		
Bank Address:	City:	Phone:
9 Digit Routing Number:	Account Number:	
Requested amount per pay period for this account:	\$	<input type="checkbox"/> Remaining balance

<b>Account #4</b>	Select Account Type: <input type="checkbox"/> Checking ( <i>attach voided check</i> )	<input type="checkbox"/> Savings
Bank Name:		
Bank Address:	City:	Phone:
9 Digit Routing Number:	Account Number:	
Requested amount per pay period for this account:	\$	<input type="checkbox"/> Remaining balance

I hereby authorize \_\_\_\_\_ (the Company) to deposit my paycheck as specified above. This authorization shall be effective as quickly as the Company and the designated bank(s) or credit union(s) can act upon it. This authorization is to remain in effect until I notify the Company in writing to terminate this authorization or replace it with a substitute authorization and the Company and the designated bank(s) or credit union(s) have sufficient time to act on it. I understand that the Company may cancel this agreement upon notice to me, and that, at the discretion of the Company, this authorization may not apply to any payment due at termination of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date