

**DIRECT DEPOSIT AUTHORIZATION FORM  
ST. JOHNSBURY SCHOOL DISTRICT**

***All requests for change to this direct deposit authorization must be submitted at least five (5) days prior to the payroll date.***

I hereby authorize the St. Johnsbury School District Business Office to initiate deposits to my personal account(s) as indicated below. The District only has the authority to initiate withdrawals and adjustments for any deposit made in error to my account; and only when I have provided written notice to bank officials in advance of the withdrawal. I also authorize the depository to deposit and/or withdraw the same amount(s) to such account. This authority is to remain in full force and effect until the District has received written notification from me of its termination.

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

**Deposit 1** - Deposit Type & Amount:    Checking \$ \_\_\_\_\_    Savings \$ \_\_\_\_\_    Other \$ \_\_\_\_\_

Bank (Name & Address): \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account # \_\_\_\_\_

**Deposit 2** - Deposit Type & Amount:    Checking \$ \_\_\_\_\_    Savings \$ \_\_\_\_\_    Other \$ \_\_\_\_\_

Bank (Name & Address): \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account # \_\_\_\_\_

**Deposit 3** - Deposit Type & Amount:    Checking \$ \_\_\_\_\_    Savings \$ \_\_\_\_\_    Other \$ \_\_\_\_\_

Bank (Name & Address): \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date