



USD 382 DIRECT DEPOSIT AUTHORIZATION



NOTE: A VOIDED CHECK(S) MUST BE ATTACHED TO THIS FORM.
 DEPOSIT SLIPS WILL NOT BE ACCEPTED. PLEASE MAKE SURE DIRECT DEPOSIT AUTHORIZATION IS CHANGED AND IN EFFECT BEFORE CLOSING YOUR ACCOUNT(S). OTHERWISE, THE FUNDS MAY BE DELAYED UP TO 10 DAYS BEFORE ALTERNATE PAYMENT ARRANGEMENTS CAN BE MADE.

Last Name	First Name	M.I.
Address		
City	State	Zip Code
Action Requested: (Check One) <input type="checkbox"/> New <input type="checkbox"/> Change Date of action _____		
DIRECT DEPOSIT #1		
If choosing one direct deposit, provide banking information and check the "Full Deposit" box. If choosing additional deposits, provide the banking information and enter the partial/percentage amount.		
Name of Financial Institution _____		
Bank phone number _____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank City & State _____	Partial Deposit _____ (Amt or %)	<input type="checkbox"/> Full Deposit
Transit Routing Number _____	Account Number _____	
DIRECT DEPOSIT #2		
If choosing 2 direct deposits, provide banking information and check "Balance" box. If choosing 3 deposits, provide banking information and enter partial amount or percentage.		
Name of Financial Institution _____		
Bank phone number _____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank City & State _____	Partial Deposit _____ (Amt or %)	<input type="checkbox"/> Balance
Transit Routing Number _____	Account Number _____	
DIRECT DEPOSIT #3		
If choosing 3 direct deposits, provide banking information and check "Balance" box.		
Name of Financial Institution _____		
Bank phone number _____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank City & State _____	<input type="checkbox"/> Balance	
Transit Routing Number _____	Account Number _____	
<p>AGREEMENT: I hereby authorize USD #382 to initiate deposits (credit entries) and to initiate, if necessary, adjustments for any credit entry in error to my account(s) indicated above and the financial institution to credit and/or debit the same to such account(s). This authority is to remain in full force and effect until changed or withdrawn by 1. me, in writing with sufficient notice to USD 382 to allow adequate time to effect changes, 2. my death or legal incapacity, 3. the financial institutions(s), 4. USD 382.</p>		
Print Name _____		
Employee Signature _____	Date _____	