

## Direct Deposit Agreement Form

Enroll in Direct Deposit  Add an Additional Account  Change Current Info

I authorize Simpson County School District and Priority One Bank to initiate direct deposit to the account(s) listed below. This authority will remain in effect until terminated.

Employee Name \_\_\_\_\_ SSN \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Main Direct Deposit Account**      Checking       Savings

Financial Institution Name: \_\_\_\_\_

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

**Additional Direct Deposit Account #2**      Checking       Savings

Financial Institution Name: \_\_\_\_\_

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

Amount to be deposited: \_\_\_\_\_ (Residual will be deposited into **Main Account**)

**Additional Direct Deposit Account #3**      Checking       Savings

Financial Institution Name: \_\_\_\_\_

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

Amount to be deposited: \_\_\_\_\_ (Residual will be deposited into **Main Account**)

**For Payroll Department Use Only**

Pre-Note Date	Effective Payroll Date