

NETTLE CREEK SCHOOL CORPORATION

297 E. Northmarket Street, Hagerstown, IN 47346 * 765-489-4543 * 765-489-4914 Fax

Direct Deposit Agreement Form

AUTHORIZATION AGREEMENT

I hereby authorize Nettle Creek School Corporation to initiate automatic deposits to my account at the financial institution named below. I also authorize Nettle Creek School Corporation to make debit entries & adjustments from this account in the event that a credit entry is made in error.

Further, I agree not to hold Nettle Creek School Corporation responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Nettle Creek School Corporation receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

ACCOUNT INFORMATION

Name of Financial Institution: _____

Routing Number: _____

Checking Savings

Account Number: _____

SIGNATURE

Authorized Signature: _____

Date: _____

Printed Name: _____

Please attach a voided check and return this form to the Payroll Department.

Additional instructions for placement:

Bank Name	Routing Number	Account Number	Checking or Savings	Amount
				\$
				\$
				\$
				\$