

9/29/2005

**Direct Deposit Authorization**  
**Rockford Area Schools #883**  
**Rockford, MN 55373**

I authorize you and the financial institution listed below to initiate electronic credit entries and if necessary, debit entries and adjustments for any credit entries in error to my:

\_\_\_\_\_ checking account

\_\_\_\_\_ savings account (if both- amount to savings: \$\_\_\_\_\_)  
each payday. This authority will remain in effect until I have canceled it in writing.

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Name as it appears on account: \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Checking Account # \_\_\_\_\_  
Savings Account # \_\_\_\_\_

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

**Void check must be attached or automatic deposit cannot be processed**  
**Automatic deposit required for all personnel on the Rockford Payroll System per MN Statute 471.426**  
**Complete a separate form if you are using multiple financial institutions**