

ACH CREDIT/DEBIT AUTHORIZATION FORM

**COOK COUNTY SCHOOL DISTRICT 130
12300 South Greenwood Avenue
Blue Island, IL 60406-1597**

RE: Direct Deposit of Payroll Earnings

TO BE COMPLETED BY EMPLOYEE:

I hereby authorize Cook County School District 130 to initiate entries to my checking/savings account (one account only) at the financial institution listed below and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Cook County School District 130 is notified by me, in writing, to cancel it in such time as to afford Cook County School District 130 and the financial institution a reasonable opportunity to implement the cancellation.

EMPLOYEE'S NAME (Print): _____

EMPLOYEE'S ADDRESS: _____
Number Street

City State Zip Code

EMPLOYEE'S SOCIAL SECURITY NUMBER: _____ - _____ - _____

EMPLOYEE'S SIGNATURE: _____

DATE: _____

TO BE COMPLETED BY EMPLOYEE'S FINANCIAL INSTITUTION:

NAME OF FINANCIAL INSTITUTION: _____

BRANCH OF FINANCIAL INSTITUTION: _____

FINANCIAL INSTITUTION ADDRESS: _____
Number Street

City State Zip Code

TELEPHONE: _____

NAME OF OFFICIAL (Print) _____

SIGNATURE OF OFFICIAL: _____

DATE: _____

DEPOSIT 100% INTO CHECKING/SAVINGS ACCOUNT NO. _____

FINANCIAL INSTITUTION ROUTING NUMBER: _____

ATTACH VOIDED CHECK OR DEPOSIT TICKET

IF ANY CHANGE OCCURS IN THE FINANCIAL INSTITUTION, THE ACCOUNT NUMBER, OR THE ROUTING NUMBER. A NEW FORM MUST BE COMPLETED BY THE EMPLOYEE AND SUBMITTED TO DISTRICT 130.