



Turner Unified School District No. 202
800 South 55th Street
Kansas City, KS 66106
(913) 288-4100

**DIRECT DEPOSIT OF PAYROLL
AUTHORIZATION AGREEMENT**

Check Applicable Box:

- New Enrollment. Complete the entire form, sign, and **attach a voided check or verification letter from the financial institution.**
- Change of present financial institution(s) and /or account(s). Complete entire form and list all accounts. Sign form and **attach a voided check(s) or verification letter(s) from the financial institution.**
- Cancel participation. Sign and return form.

Primary Direct Deposit Account

Please check one: Checking Account Savings Account

Financial Institution _____ Branch _____

Main Address _____

City _____ State _____ Zip _____

Name on the Account _____

Nine Digit Routing Number _____ Account Number _____

******Attach a voided check or a letter from the financial institution verifying the account and routing number.******

Secondary Direct Deposit Account (if applicable)

Please check one: Checking Account Savings Account

Amount to be Deposited into the Secondary Account every Payroll Period: \$ _____

Financial Institution _____ Branch _____

Main Address _____

City _____ State _____ Zip _____

Name on the Account _____

Nine Digit Routing Number _____ Account Number _____

******Attach a voided check or a letter from the financial institution verifying the account and routing number.******

I, the undersigned, authorize and request TURNER USD 202 to have my salary deposited directly into my checking or savings account as indicated above. I authorize and request the financial institution indicated above, hereinafter call FINANCIAL INSTITUTION, to credit the same to my account by TURNER USD 202 and shall not hold it liable for crediting my account accordingly. I understand that all DDP transactions are made on a provisional basis to become final as of the opening of business on the day following settlement day. I understand that finality of a transaction does not limit my FINANCIAL INSTITUTION'S rights to reverse transactions in compliance with NACHA Rules.

I, also, authorize the FINANCIAL INSTITUTION to credit the same to such account. Should an over deposit be made, the FINANCIAL INSTITUTION is authorized to debit such account and return to TURNER USD 202 the amount of any such overage.

This authority is to remain in full effect until TURNER USD 202 has received written notification from me of its termination in such time and manner as to afford TURNER USD 202 and FINANCIAL INSTITUTION a reasonable opportunity to act on it. Termination of employment also voids this agreement.

Employee Name Printed _____ Date _____

Employee Name Signed _____ Date of Birth _____