



(309) 263-2581

1050 S FOURTH AVE., Morton IL 61550

(309) 266-6320 FAX

### DIRECT DEPOSIT ENROLLMENT FORM

I authorize and request Morton Unit School District 709 to direct my payroll payments for crediting in my account as indicated below and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. I understand that once I elect to participate, these services will continue until a written request is submitted by me to the Payroll Department terminating these services. I understand that the financial organization designated or Morton Unit School District 709 reserves the right to cancel this agreement by notice to me.

ID# \_\_\_\_\_ Building \_\_\_\_\_

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

Employee Home Address \_\_\_\_\_ City/State \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank Telephone Number \_\_\_\_\_

Account Number to Receive Deposit (CHOOSE ONE)

Checking- \_\_\_\_\_ or Savings - \_\_\_\_\_

I am authorizing (check one):

- \_\_\_\_\_ direct deposit for the first time
- \_\_\_\_\_ a change in financial institution/account
- \_\_\_\_\_ termination of direct deposit

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

**ATTACH A VOID CHECK HERE**