

**O'NEILL PUBLIC SCHOOLS DISTRICT #7**  
**SECONDARY ACCOUNT DIRECT DEPOSIT AUTHORIZATION FORM**

I hereby authorize O'Neill Public Schools, hereinafter called COMPANY, to initiate credit entries to my account indicated below, hereinafter called DEPOSITORY, to credit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

(I authorize O'Neill Public Schools to initiate debit or credit entries to my account for correction of any payroll errors.)

Name: _____
Social Security Number: _____
Financial Institution Name: _____
Financial Institution Address: _____
Bank Account Number: _____
Bank Routing Number (9 digits): _____

CHECK ONE:

- ADD SECONDARY DEPOSIT – \_\_\_\_\_
- CHANGE DEPOSIT AMOUNT – \_\_\_\_\_
- DISCONTINUE SECONDARY DEPOSIT – \_\_\_\_\_

IMPORTANT! Check type of account:       CHECKING                       SAVINGS

- CHANGE – Change financial institutions and/or account number.

<p>TAPE YOUR VOIDED CHECK HERE (Not applicable if depositing to savings account)</p>
--

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_