



Ozark R-VI School District  
Direct Deposit Agreement Form

**Please attach a voided check or direct deposit authorization letter  
and return this form to the Payroll Department.**

**Authorization Agreement**

AUTHORIZATION: I, \_\_\_\_\_, hereby authorize The Ozark R-VI School District to deposit my payroll earnings to the accounts listed below each payday. This authorization is to remain in full force until employment is terminated or I cancel in writing.

**Check one below**

- New Enrollment  Change of present financial institution, account, and/or amount

**Account Information**

**Primary Account**

A dollar amount does not need to be specified for this account. (The primary account will be credited with the balance of net pay remaining after deposits are made to any additional accounts listed below.)

Name of Financial Institution: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  Checking  Savings  
Amount to be Deposited: \_\_\_\_\_  Full Amount

**Additional Account (s)**

Complete this section only if the net pay should be deposited into another account. A specific dollar amount for the additional account **must** be designated. Percentages are not allowable and all remaining net pay will be deposited into the primary account listed above.

Name of Financial Institution: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number \_\_\_\_\_  Checking  Savings  
Amount to be Deposited \_\_\_\_\_

**Additional Account (s)**

Complete this section only if the net pay should be deposited into another account. A specific dollar amount for the additional account **must** be designated. Percentages are not allowable and all remaining net pay will be deposited into the primary account listed above.

Name of Financial Institution: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number \_\_\_\_\_  Checking  Savings  
Amount to be Deposited \_\_\_\_\_

**Signature**

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name \_\_\_\_\_