



HUMAN RESOURCES

3755 Church Street
Zachary, LA 70791
225.658.4969
Fax 225.658.5261
www.zacharyschools.org

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

******IMPORTANT: Attach a voided check for the referenced accounts.**

I, _____, authorize the Zachary Community School Board to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account at the depository financial institution named below.

My net bi-weekly pay deposited will be in the amount or percentage designated below.

1. When electing to use two accounts, designate the dollar amount for only one account. The balance of your pay will go to the other account.

2. If dividing pay between two accounts using percentages, the total of the two percentages must equal 100%.

Account 1 Checking _____ Or Savings _____

Bank/Institution Account Number Dollar
Amount OR Percentage

City/State Bank Transit No

Account 2 Checking _____ Or Savings _____

Bank/Institution Name Account Number Dollar
Amount Or Percentage

City/State Bank Transit No.

******IMPORTANT: Attach a voided check for the above referenced accounts.**

This authorization is to remain in full force and effect for at least one year or until the Zachary Community School Board has received written notification from me of its termination in such manner as to afford the Zachary Community School Board and the Bank a reasonable opportunity to act on it.

Social Security Number

Employee Signature

Date

An Equal Opportunity Employer