## AUTHORIZATION AGREEMENT AUTOMATIC DEPOSITS (CREDITS)

I hereby authorize and request the St. Charles R-VI School District to have my salary deposited directly and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account (check only one).
I hereby authorize and request my financial institution to credit the same to my account. I agree that my financial institution is not responsible for the correctness of any direct deposits to my account by my employer and shall not hold it liable for crediting my account accordingly.
Name
Social Security Number
Depository Name
Please attach a voided check from the account you want credited before returning this form.
***PLEASE CHECK YOUR NEXT TWO PAYCHECKS VERY CAREFULLY.***
They are likely to be <b>REAL</b> checks that need to be cashed or deposited while we are getting your account ready to accept direct deposit.
If you have any questions about direct deposit, please contact Emily Humpherys in the payroll office at ehumpherys@stcharlessd.org or 636-443-4008.
Signed: Date:
This agreement is in accordance with the rules and operation procedure of the Mid-America Payment Exchange, as now in effect or hereafter modified.

Return this copy to: St. Charles R-VI School District