Alton Community School District #11 Authorization for Routing Payroll Payments

I authorize and request Alton Community School district #11 to direct my payroll payments for crediting in my account indicated at the financial organization designated below and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. This authorization is not an assignment of my right to receive payment and revokes any prior payment direction notifications applicable to these payments. I understand that the financial organization designated or Alton Community School District #11 reserves the right to cancel this agreement by notice to me.

Name:	-	Date:	
Social Security # Of Payee			
Address of Payee	City	State	Zip
Checking	☐ Savings		
Name of Financial Organization		****	
Address			
City		State	Zip
OFFICE USE ONLY			
Depositor Checking/Savings	-		
Depositor Account #			
Checking/Savings Account Trans	sit Routing Number		
I am authorizing (check one) direct deposit for the first timea change in financial institution/account termination of direct deposit			
Signature	Date		

ATTACH A VOID CHECK HERE