## **GENEVA CUSD 304**

## **Direct Deposit Authorization Agreement**

For security purposes, this form must be completed and submitted in person with ID to Payroll at Central Office.

☐ New Enrollment		☐ Change		to rayron at contra
Name:		School:		
(Please Print)  I hereby authorize Geneva CUSD apaycheck to the checking or saving deposits in error will be made to the	gs account nan	ned below. If necessar		
Main Account Attach voided out check here or b number (ABA)	oank memo wi	th your account numbe	r ANI	) the bank routing
The following are not accepted:	Temporary/ Deposit Slip Re-order Cl			
Secondary Account, if desired: Attach voided out check here or be number (ABA)  The following are not accepted:		·		_
	Deposit Slip Re-order Cl	os		
<ul> <li>If you need to make a chan person to Payroll.</li> <li>If you need to close your be prior to the close.</li> <li>It is advised after your initi properly.</li> </ul>	ank account, y	ou must first notify Pa	yroll ir	n writing, ten days
This authorization bears my signat has received written notification of the school district and the Depositor	f termination.	A period of ten days is		
Signature		Date		
This completed form must Questions/notifications: Heather Kastor - <u>hkastor@geneva3</u>		-	t Cent	ral Office.
		nange) Employee Verificati person at CESC offices with		