

SCHOOL DISTRICT OF JENNINGS
2559 Dorwood Drive Jennings, MO 63136
(314) 653-8000 Fax: (314) 653-8030

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize Jennings School District to initiate credit entries for my checking account indicated below and the financial institution named below to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution

Branch

Address

City/State

Zip

Routing Number

Account Number (Checking or Savings)
(Circle one)

Print Your Name

Date

Signature

Please attach a voided check or a savings deposit slip.

Please write change at the top of this form if you are changing banks or accounts.