

Montezuma-Cortez School District RE-1

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Montezuma-Cortez School District RE-1 to initiate automatic deposits to my account at the financial institution named below. I also authorize Montezuma-Cortez School District RE-1 to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Montezuma-Cortez School District RE-1 responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Montezuma-Cortez School District RE-1 receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information				
Name of Institution:		State	Zip	-
Account Number:		ng □ Savings		
	Signature			
Authorized Signature:		Date:		
Please Print Name:		Date: _		

Please attach a voided check if available and return this form to the Payroll Department.

Due to Fraudulent claims, **ALL** changes to Direct Deposit Information must be done in writing. Email requests will **NO LONGER** be accepted.