



School District of Tigerton

213 Spaulding St
PO Box 10
Tigerton, WI 54486

715-535-3220
Fax: 715-535-3215

New Agreement

Change Account

Cancel Agreement

Direct Deposit Agreement Form

Authorization Agreement

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

Further, I agree not to hold the **School District of Tigerton** 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 the **School District of Tigerton** 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 Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Deposit Amount: Entire Check
(mark one)

Flat Amount per Check \$ _____

Percentage of Net ____%

Signature

Authorized Signature: _____ Date: _____