

HALLSVILLE R-IV SCHOOL DISTRICT

Authorization agreement for direct deposit

I hereby authorize the Hallsville R-IV School District, hereinafter called company, to initiate credit entries to my bank account indicated below and the bank named below, hereinafter called bank, to credit the same to such an account. If necessary, the Hallsville R-IV School District may make deductions from my account for any payments credited to my account in error.

Bank Name: _____ City: _____ State: _____

Bank Transit/ABA #: _____

Checking Account #: _____

Savings Account #: _____

This authority is to remain in full force and effect until company and bank has received written notification from me of its termination in such time and in such manner as to afford company and bank a reasonable opportunity to act on it.

Name: _____ Social Security #: _____

Address: _____ Phone #: _____

Date: _____ Signed: _____

A voided check must accompany this form.

Are you an active member of the Missouri Public School Retirement System? (PEERS/PSRS)
Yes ___ No ___

Are you a retiree receiving Missouri Public School Retirement System benefits? (PEERS/PSRS)
Yes ___ No ___