

WILLISTON SCHOOL DISTRICT 29

DIRECT DEPOSIT AGREEMENT

I hereby authorize the Williston County School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my ___ checking or ___ savings account (select one) indicated below and the Depository, hereinafter called "Bank", to credit and/or debit the same such account. Information on my bank and account is indicated below.

Bank Name

City

State

Bank Transit/ABA Number

Checking/Savings Account #

This authority is to remain in full force and effect until the Williston School District #29 has received written notification from me of its termination in such manner as to afford the Williston School District #29 and Bank a reasonable opportunity to act on it.

School Employed: _____

Signature of Participant

Date

Social Security Number

PLEASE ATTACH A COPY OF A VOIDED CHECK
OR DEPOSIT SLIP.