



# NFV Community School District Direct Deposit Bank Authorization Form



I (we) hereby authorize NFV Community School District to initiate credit entries for payroll to my (our) account indicated below and the financial institution name below to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

### Primary Account (Deposit Net Pay)

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_  
(Routing Number) (Account Number) Type of Acct:  Checking  
 Savings

This authority is to remain in full force and effect until NFV Community School District has received written notification from me (us) of its termination in such time and manner as to afford NFV Community School District and your financial institution a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name) (Signature)

\_\_\_\_\_  
(Date)

**PLEASE ATTACH COPY OF VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM**