

# Herscher C.U.S.D. #2

501 N Main Street - PO Box 504  
Herscher Illinois 60941

## ACH Participant (DIRECT DEPOSIT) Authorization Form

Authorization Agreement for Preauthorized Payments – ACH Credits

I hereby authorize Herscher School District, to initiate credit entries for *(Employee Printed Name)* \_\_\_\_\_, and initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below and the depository named below, hereinafter called depository, to credit and/or debit the same to such account.

Account 1:

Bank Name: \_\_\_\_\_

Bank City, State: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type *(Check One)*:    Checking     Savings

Percent: \_\_\_\_\_ or Amount: \$ \_\_\_\_\_ \*

(\* If you enter an amount, a second account MUST be entered below for remaining balance and 'remaining balance' box checked.)

Account 2 *(if applicable)*:

Bank Name: \_\_\_\_\_

Bank City, State: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type *(Check One)*:    Checking     Savings

Percent: \_\_\_\_\_ or Remaining Balance

(Note: Total % must equal 100.)

***This authority is to remain in full force and effect until HCUSD#2 has received written notification from me of its termination in such time and in such manner as to afford HCUSD#2 and depository a reasonable opportunity to act on it.***

Email Address: **X** \_\_\_\_\_

Signature: **X** \_\_\_\_\_

Date: **X** \_\_\_\_\_

**Voided check or Account Verification Letter is required for each account listed above.**

**RETURN TO HEATHER / UNIT OFFICE**

# Direct Deposit / Pay Stub Info

Keep for Reference

1. You will receive an email from either:

livingstonc@hcsd2.org

or

SDS@schooloffice.com

2. Open your email and the attachment.

3. Your password is always the last 4 of your SSN. then click OK.



4. Your pay stub will be displayed. 😊 You can print or save for future reference.