

SIOUX CITY COMMUNITY SCHOOL DISTRICT DIRECT DEPOSIT AGREEMENT FORM

Employee Name _____

Employee Number _____

Location/Department _____

FINANCIAL INSTITUTION - PRIMARY ACCOUNT			
Financial Institution: _____			Date: _____ For Office Use
City: _____ State: _____			Comments: _____
Account No.: _____	Savings _____	Checking _____	Initials _____ / _____ Payroll/Personnel

FINANCIAL INSTITUTION - SECONDARY ACCOUNT			
Financial Institution: _____			Date: _____ For Office Use
City: _____ State: _____			Comments: _____
Account No.: _____	Amount _____	Savings _____	Initials _____ / _____ Checking _____ Payroll/Personnel

FINANCIAL INSTITUTION - SECONDARY ACCOUNT			
Financial Institution: _____			Date: _____ For Office Use
City: _____ State: _____			Comments: _____
Account No.: _____	Amount _____	Savings _____	Initials _____ / _____ Checking _____ Payroll/Personnel

FINANCIAL INSTITUTION - SECONDARY ACCOUNT			
Financial Institution: _____			Date: _____ For Office Use
City: _____ State: _____			Comments: _____
Account No.: _____	Amount _____	Savings _____	Initials _____ / _____ Checking _____ Payroll/Personnel

____ AUTHORIZATION
<p>I hereby authorize the Sioux City Community School District to initiate direct deposit payroll credit entries to my checking/savings account(s) indicated above, and the Financial Institution above to post the same to such account(s). The notice of authorization must be received at least 4 weeks prior to the first direct deposit payroll entry and in such a manner as to afford the Sioux city Community School District reasonable opportunity to act on it. This authorization is to remain in force until the Sioux City Community School District receives a notice of cancellation from me (see below).</p> <p align="center" style="background-color: #f08080; padding: 2px;">A VOIDED CHECK OR BANK VERIFICATION IS REQUIRED FOR EACH ACCOUNT</p>
<p>SIGNED _____ DATE _____</p>

____ CANCELLATION
<p>I hereby cancel the authorization for the Sioux City Community School District to originate direct deposit payroll entries to my checking/savings account(s) indicated above. The notice of cancellation must be received at least 4 weeks prior to cancellation and in such a manner as to afford the Sioux City Community School District reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the Sioux City Community School District prior to the receipt of the notice of cancellation.</p>
<p>SIGNED _____ DATE _____</p>

NON-DISCRIMINATION STATEMENT

The Sioux City Community School District offers career and technical programs in the following areas: Business & Marketing, Family & Consumer Science, Health Science, and Industrial Arts, Technology, & PLTW. The Sioux City Community School District is an equal opportunity/affirmative action employer and does not discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, genetic information (for employment), national origin, religion, age (for employment), disability, socioeconomic status (for programs), marital status (for programs), or veteran status (for employment) in its educational programs and its employment practices. The District is required by Title IX and 34 CFR Part 106 not to discriminate on the basis of sex in its programs, activities, or employment. Inquiries or grievances under Section 504 and Title II of the Americans with Disabilities Act may be directed to Dr. Dora Jung, Director of Student Services & Equity Education/Title IX Coordinator at 627 4th Street, Sioux City, IA 51101, (712) 279-6075, jungd@live.siouxcityschools.com. Inquiries about the application of Title IX and its regulations to the District may be referred to the Title IX Coordinator, the Assistant Secretary of the U.S. Department of Education, or both. Please see District Board policies 103 and 504.4 for additional information on available grievance procedures.