

**MARSHFIELD SCHOOLS  
DIRECT DEPOSIT AUTHORIZATION FORM**

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

I would like to:

- ( ) NEW – *Set up a new Direct Deposit account with the following bank information.*
- ( ) ADD – *Include the following amount and bank information to my existing Direct Deposit account.*
- ( ) CHANGE – *Change financial institution and/or account number.*

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1<sup>st</sup> Financial Institution Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Account Number \_\_\_\_\_ Amount \$ \_\_\_\_\_  
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2<sup>nd</sup> Financial Institution Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Account Number \_\_\_\_\_ Amount \$ \_\_\_\_\_  
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3<sup>rd</sup> Financial Institution Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Account Number \_\_\_\_\_ Amount \$ \_\_\_\_\_  
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I hereby authorize Marshfield Schools to initiate credit entries and to initiate, if necessary debit entries and adjustment for any credit entry in error to my account indicated above and the financial institution name above to credit and/or debit the same to such account. This authority is to remain in full force and effect until Marshfield Schools has received written notification from me of changes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## MARSHFIELD R-1 SCHOOLS CONFIDENTIALITY AGREEMENT

In the course of my employment or association with the school district, I understand that printed, electronic, and oral communications concerning ALL student information are confidential. Such information can be accessed directly only by certain designated individuals and only for legitimate purposes. Any keys to any files and any computer password assigned to me for which I am responsible will be kept confidential. Release of any student information in printed, verbal, electronic, or any other form by unauthorized personnel is a major violation of school district standards for school employees and contracted service providers.

I have reviewed the school district's policies regarding confidentiality of student information. I understand that improper release of student information is cause for disciplinary action and can result in termination of employment and in some cases, civil liability.

If I have any questions concerning the confidentiality of student information, I will consult my immediate supervisor or the school principal.

I have read, understand, and accept the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name