



Direct Deposit Authorization

Name (please print) _____
(Last) (First) (Middle Initial)

YOU MUST PROVIDE THE NECESSARY BANK INFORMATION. (NO DIRECT DEPOSIT WILL BE PROCESSED WITHOUT THIS INFORMATION)

Your direct deposit will become effective on the next payroll processed. Changes to pre-existing Direct Deposits will also become effective on the next payroll processed.

(Please enter the main account in the space provided below).

Name of Financial Institution: _____

Bank Transit/ABA number: _____

Account number: _____

Checking or Savings (circle one) \$ _____ or % _____

(Spaces below are provided for additional direct deposits).

Name of Financial Institution: _____

Bank Transit/ABA number: _____

Account number: _____

Checking or Savings (circle one) \$ _____ or % _____

Name of Financial Institution: _____

Bank Transit/ABA number: _____

Account number: _____

Checking or Savings (circle one) \$ _____ or % _____

I certify that I have read, understood and hereby authorize my payment(s) to be electronically deposited with the financial institution named above in the following designated accounts. This authorization will remain in effect until the district has received written notification from me that it is to be terminated in such time and manner for the district to act on it. If the district erroneously deposits funds into my account, I authorize the district to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

Employee Signature _____ Date _____

For Business Office Use Only
Date Received:
Date Completed:
Completed By: