

AUTHORIZATION FOR AUTOMATIC BANK DEPOSIT (ACH CREDITS)

I hereby authorize _____
(District) to credit my account(s) listed below.

Routing #	Account #	Account Type (Checking/Savings)	Amount (indicate if whole check)	Bank Name

Only 3 Direct Deposit Entries Available

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

School: _____

Social Security Number: (last four digits only) _____

Name: _____ Employee # _____

Home Address: _____

City: _____

State: _____ Zip: _____

Phone Numbers: _____ I(H) (W) _____

Signature: _____

Date: _____

Please attach a blank, voided check for deposit into a CHECKING ACCOUNT.

For direct deposit into your SAVINGS ACCOUNT: the employee must go to their bank and request a bank direct deposit form. The bank will complete this form with the correct information. The employee then must attach the bank slip to this payroll direct deposit form and send to payroll.

REMINDER: The form must be signed by you and sent to payroll at 34 West Street.

Your direct deposit will not take place on the first payroll it is entered. The bank will check all of your account numbers. The following payroll you will receive a direct deposit statement rather than a check.