

DIRECT DEPOSIT FORM

(Separate Form Needed for Each Account)

Initial Deposit _____ Change _____ Cancel _____

Bank Name _____

Bank Address _____

Acct No. _____

Account Type: (Circle One) Checking Savings

Check One:

Full Deposit _____ (Net Check)

Partial Deposit _____ (State Amount to Deposit) \$ _____

PLEASE ATTACH A VOIDED CHECK FOR THE ACCOUNT THAT YOUR MONEY IS TO BE DEPOSITED IN TO THEN RETURN THE COMPLETED FORM TO THE PAYROLL DEPARTMENT AT THE SCHOOL ADMINISTRATION OFFICE. YOU WILL NEED TO OBTAIN SOMETHING FROM THE BANK WITH THE ROUTING # AND ACCOUNT # IF YOU DO NOT HAVE A VOIDED CHECK.

Date

Signature

Print your name

Social Security Number