

Name: _____

Email Address: _____ *Direct Deposit Receipt will be emailed on payday*

NEW Direct Deposit Authorization: _____

CANCEL active Direct Deposit Authorization: _____

Bank Name: _____

Account Number (last 3 digits): ____ ____ ____

You may request additional forms if you have several accounts you wish to set up for direct deposit.

DIRECT DEPOSIT AUTHORIZATION

I authorize School District #6 to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error each pay day to the following account.

Please check one: ____ Checking ____ Savings Flat Rate (more than 1 account) _____

Bank

City / State

Bank Routing Number

Bank Account Number

Signature

Date Signed

X Staple Voided Check Here X

I am requesting a change to a flat rate amount already activated through payroll:

Bank

Account Number

Previous Amount

New Amount

Signature

Date Signed