



## DIRECT DEPOSIT AUTHORIZATION FORM

I, \_\_\_\_\_ authorize the school district to deposit my net  
(Employee Name)  
pay each payday into my account with \_\_\_\_\_  
(Financial Institution Name)

I understand this authorization will remain in effect until I notify you in writing, within fifteen days prior to the next payday.

CHECKING ACCOUNT

CHECKING ACCOUNT NUMBER: \_\_\_\_\_

**Attach a Voided Check for Checking Account to this form.**

SAVINGS ACCOUNT

SAVINGS ACCOUNT NUMBER: \_\_\_\_\_

**Attach a Deposit Slip for Saving Account to this form.**

BANK ROUTING NUMBER FOR SAVINGS: \_\_\_\_\_

***Please verify this Routing Number with your bank, it is not always the same number printed on your Savings Deposit Slip.***

Notifications of direct deposit will be sent to your district email address.  
On-call and seasonal employees shall receive notification at your personal email address. \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_