

Name: _____ Date: _____

You can have up to, but no more than, five (5) accounts on direct deposit. Please fill in the following information exactly how and where you want your monies to go. You cannot adjust make corrections on this form. Every time you make changes, the remaining account(s) must be listed again with the all the pertinent information. The school district can in no way use this information to withdraw funds from any account; it can only be used to deposit funds.

			Choose Only One Per Account		
Type Checking or Savings	Bank Name	Account Number	Amount \$	Percentage %	Residual (leftover) Y

Every employee must fill out this form and return it to the Central Office. Direct deposit is mandatory.

IF YOUR BANK IS NOT ALREADY SET UP IN THE COMPUTER SYSTEM, PLEASE PROVIDE A VOIDED CHECK SHOWING THE ROUTING NUMBER.