

DIRECT DEPOSIT AUTHORIZATION FORM
Greenfield Union School District

Name _____

Address _____

City _____ State _____ Social Security # _____

I hereby authorize the Greenfield Union School District to deposit my net pay directly to the banking institution listed below. This authorization is to remain in effect until I revoke it with a written notice or upon termination of my employment.

Checking Savings

Financial Institution: _____

Account Number: _____

Signature

Date

Attach a voided check here.

Please note: *If the above numbered account is closed, please contact the payroll department immediately. This will allow us to make the necessary changes in a timely manner for correct payment of funds.*