

Caldwell School District #132

DIRECT DEPOSIT REQUEST FORM

THIS FORM, OR CHANGES TO THIS FORM, MUST BE RECEIVED PRIOR TO THE 10TH DAY OF THE MONTH THAT YOU WOULD LIKE YOUR DIRECT DEPOSIT TO GO INTO EFFECT.

Employee Name

ID #

Action To Be Taken: I hereby authorize to Start Change Cancel

Effective Date: _____

Financial Institution	Checking or Savings	Routing Number	Account Number	%/Amt	Payroll Use Primary/Secondary

ATTACH VOIDED CHECK HERE:

PLACE VOIDED CHECK HERE

I hereby authorize the above payroll deduction action. This authorization will remain in effect until such time as I submit another Direct Deposit Request Form changing or cancelling this notice.

Employee Signature

Date