

DIRECT DEPOSIT AUTHORIZATION FORM

Name on the Account			
Name of Bank			
Routing Number			
Account Number			
Type of Account (circle one)	CHECKING	SAVINGS	
Please attach a voided check fo accounts.	or checking accou	ınts or a deposit s	slip for savings
Funds may be available in your guaranteed to be there until the automatically deposit your payr the District to issue paper check	e actual payday. oll checks. Howe	We will make eve	ry effort to
These instructions remain in for	ce until written r	notice of a change	is received.
Employee's Signature		Date	