

Direct Deposit Authorization Form

Your pay will be deposited electronically into the financial institution of your choice. Please attach a voided check (if available) and complete ALL the information below.

Use a separate form for each financial institution.

Employee Name: _____

Name of Bank: _____

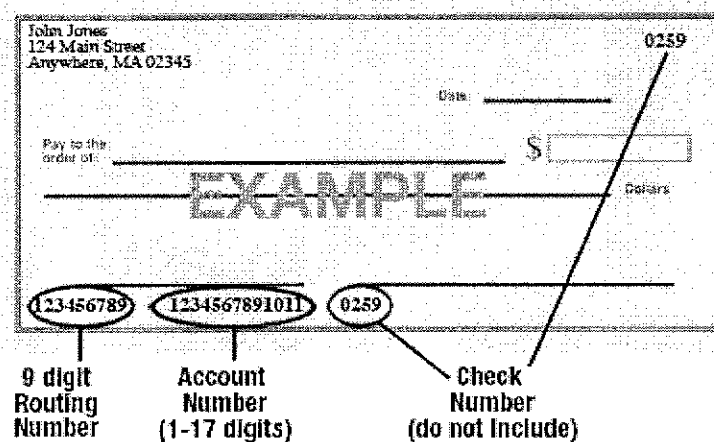
9-Digit Routing #: _____

Checking Account #: _____

Amount: \$ _____ or Entire Paycheck

Savings Account #: _____

Amount: \$ _____ or Entire Paycheck



If a voided check is not available, please provide verification from your bank of the routing number as well as your account number(s). Please contact Payroll at 545-2924 if you have any questions.

Dover Eyota Public School is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____

Date: _____ Effective Date (if change is requested): _____