

DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____

Last four digits of SSN (required): **XXX-XX-**_____

Beginning with the pay of _____

Name of Bank: _____

Account Number: _____

Routing Number: _____

Type of Account: Savings or Checking **BLANK CHECK REQUIRED**

Amount to Deposit: Net Check or \$_____/check Attach to form.

Name of Bank: _____

Account Number: _____

Routing Number: _____

Type of Account: Savings or Checking **(attach blank check to this form)**

Amount to Deposit: Net Check or \$_____/check

Name of Bank: _____

Account Number: _____

Routing Number: _____

Type of Account: Savings or Checking **(attach blank check to this form)**

Amount to Deposit: Net Check or \$_____/check

Name of Bank: _____

Account Number: _____

Routing Number: _____

Type of Account: Savings or Checking **(attach blank check to this form)**

Amount to Deposit: Net Check or \$_____/check

I authorize the Colchester School District to deposit my net payroll check or fixed amount to the above account(s). It is my responsibility to notify Central Office/Payroll of any changes in authorization (i.e. – account number change, bank change, closed account, etc.).

Signature: _____

E-mail Address (required): _____

Date: _____

PLEASE RETURN THIS FORM TO THE CENTRAL OFFICE – PAYROLL