

DIRECT DEPOSIT REQUEST

(Please Print Legibly)

Employee Name: _____

Employee E-mail: _____

Effective Date: _____

You may choose up to two accounts to have your payroll direct deposited. If you choose two accounts, you will need to specify the amount that goes into the first account and the remainder will be distributed to the second account.

Please distribute my net pay as follows:

FIRST ACCOUNT

Bank Name: _____

Routing #: _____ Account #: _____

Checking: _____ Savings: _____

(Please indicate type of account)

NOTE: You must attach a voided blank check for the checking account to which you wish your pay deposited. If using a savings account, please obtain routing number and account number from the bank and attach. (Deposit Slips are NOT acceptable.)

Amount: _____

SECOND ACCOUNT

Bank Name: _____

Routing #: _____ Account #: _____

Checking: _____ Savings: _____

(Please indicate type of account)

NOTE: You must attach a voided blank check for the checking account to which you wish your pay deposited. If using a savings account, please obtain routing number and account number from the bank and attach. (Deposit Slips are NOT acceptable.)

Further, I authorize Eldon R-1 School District to debit my account in the event of a credit, which should not have been made, or which was made for an incorrect amount, for an amount not to exceed the original amount of the erroneous credit.

I agree that this authority is to remain in full force and effect until Eldon R-1 School District and BANK have received written notification from me of its termination in such time and in such manner as to afford Eldon R-1 School District and BANK reasonable opportunity to act on it. I also acknowledge that I have retained a copy of this form.

Employee Signature

Date