

**Johnston Community School District  
PO Box 10  
Johnston, IA 50131  
Phone: 515/278-0470**

## **Payroll Direct Deposit**

*I authorize you and the financial institution named on the voided check below\* to automatically deposit my net pay to my account (this includes my authorization to you to reverse any entries made in error). This authority will remain in effect until I give my written notice to cancel it.*

Type of Account:      \_\_\_\_\_ Checking                      \_\_\_\_\_ Savings

Name: \_\_\_\_\_

Employee Id or Social Security No.(last four): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please direct all questions concerning direct deposit to  
Payroll at 278-0470. (Bev Lyons @ ext. 111; or Clu  
Shumaker @ ext. 131)**

**Staple blank CHECK here marked VOID.  
Check must contain your bank routing # and your account #**

**OR**

**\*You may submit your bank routing # and account #  
on bank letterhead**