

# Lake-Lehman School District

## Employee Direct Deposit Authorization Form



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

Social Security Number: \_\_\_\_\_

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

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\*Account Number: \_\_\_\_\_

\*Routing Number: \_\_\_\_\_

Checking \_\_\_\_\_

Savings \_\_\_\_\_

\* This information is on your check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date