

PAYROLL DIRECT DEPOSIT
AUTHORIZATION FORM

For Office Use Only:
Employee # _____
Prenote Date _____
Payroll Date _____

Banking Institution: _____

Action requested: Begin deposit Change Bank Change Acct#

Deposit to: Checking Savings

I hereby authorize the above payroll direct deposit directions.

Employee Signature

Employee Name (Please Print)

Date

School

PLEASE ATTACH A VOIDED CHECK

Please send this form to Payroll at the Central Office for processing. Direct deposit normally takes 2 to 3 pay periods to start. Please notify payroll in writing if you want to stop deposits until your new direct deposit takes effect. Be sure to leave your old account open until the new direct deposit goes into effect.