

Employee Name (Last, First)

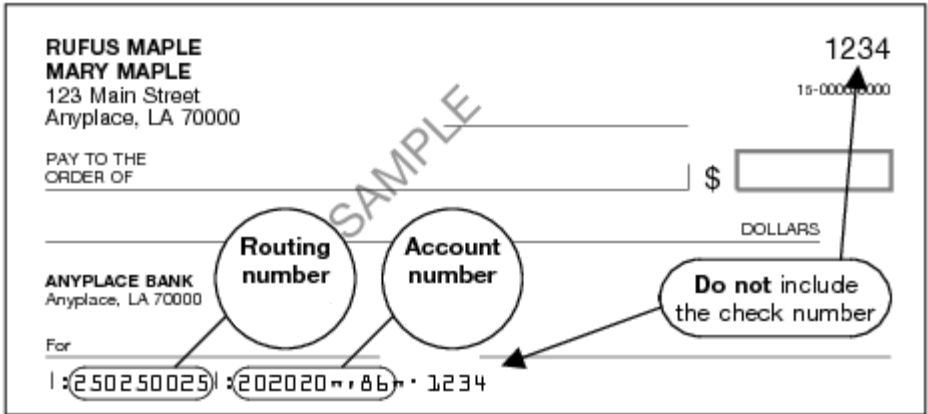
Community School Corporation
SOUTHERN HANCOCK COUNTY
 P.O. Box 508 - 4711 South 500 West - New Palestine, Indiana 46163
 317-861-4463 - Telephone / 317-861-2142 - Fax

DIRECT DEPOSIT AUTHORIZATION

Bank Code <small>(OFFICE USE ONLY)</small>	Bank Priority	Bank Name	Routing Number	Account Number	Account Type	Per Pay Amount to Each Account
	Primary				<input type="checkbox"/> Checking <input type="checkbox"/> Savings	NET PAY
	2				<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$
	3				<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$
	4				<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$
	5				<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$

Required Documents <small>(attach below)</small>	
<i>Checking Account</i> Voided Check	<i>Savings Account</i> Deposit Slip

Authorization	Payroll Effective Date
<input type="checkbox"/> New <input type="checkbox"/> Change	



Note: The routing and account numbers may be in different places on your check.

I hereby authorize Community School Corporation of Southern Hancock County (CSCSHC) to initiate credit entries to the bank account(s) designated above. CSCSHC is also authorized to initiate any correcting entries (debit or credit), if necessary. This authorization shall replace any previous authorizations and remain in effect until employment terminates or a subsequent authorization is completed.

Employee Signature	Date