

Direct Deposit Sign Up Form



Complete this form to request direct deposit into your checking or savings account.
 Attach a voided check to this form to confirm your account and routing numbers.
 Submit this completed form to the payroll department. Direct deposit will not begin until verification from banking institution is complete. This procedure could take up to 3 weeks to complete.

Personal Information:		
First Name	Middle Initial	Last Name
Social Security Number		
Address		
City	State	Zip Code
Phone Number		

Account you would like your check automatically deposited into:		
Bank Name	Routing Number	
Select one: <input type="checkbox"/> checking <input type="checkbox"/> savings	Account Number	
Select one: <input type="checkbox"/> net pay <input type="checkbox"/> partial pay – \$ _____		
Name on the Account		

I authorize Lebanon Community School Corporation to automatically deposit my check into my account listed above. This authorization will remain in effect until I have filed a new authorization.

Employee Signature	Date
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