

# Authorization for Direct Deposit

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

(Please Print)

Bank Name & Routing #: \_\_\_\_\_

Account # and Type: \_\_\_\_\_

Checking:

Savings:

Please attach a voided check or deposit slip to this form and verify that the information printed on the check is the same as what is written on this form. You will receive a regular paycheck until all banking information is verified, which will take a minimum of one payroll. Please contact the Payroll Department with any questions.

By signing this document, you are agreeing to the following statement:

I hereby authorize Danville School District #118 to initiate the deposit of my entire check to the account indicated on this form.

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

*Attach Bank Information Here*