

DIRECT DEPOSIT FORM

Bring this authorization form ***along with a voided check*** to Rochelle Kowalczyk in the district office so you can have Direct Deposits of your payroll checks instituted for you.

Bank deposits can be made on your behalf to any one account of any type:
Checking or Savings.

Dear Payor,

I, _____, authorize

You to transmit my payroll income electronically

to my checking or savings (circle one) account.

Bank Name: _____

Checking account # _____

Bank Routing # _____

Employee Name _____

Address _____

City _____ St _____ Zip _____

Social Security Number:XXX-XX- (list last four digits) _____

Employer: School District of Independence

City: Independence, WI 54747

PLEASE ATTACH A VOIDED CHECK SO THE INFORMATION CAN BE VERIFIED.

Forms must be submitted for change/origination at least five (5) days prior to payroll date.