

KUSPUK SCHOOL DISTRICT



Employee/Contractor Payment Direct Deposit Authorization

Employee Name: _____ **SSN #:** _____

I authorize the Kuspuk School District to electronically deposit my

Paychecks

Accounts Payable Checks *(Per Diem; Stipends; Reimbursements; etc)*

I have attached copies of voided checks/deposit slips for each account and i further authorize the Kuspuk school District to transfer funds from my account in the event that a payroll or accounts payable transfer error has resulted in an overpayment being made into my accounts.

Bank Branch and Address: _____

Primary Account #: _____ Checking ___ Savings ___ Amount or % _____

Account 2 #: _____ Checking ___ Savings ___ Amount or % _____

Account 3 #: _____ Checking ___ Savings ___ Amount or % _____

Account 4 #: _____ Checking ___ Savings ___ Amount or % _____

Employee Signature

Date

*****This Section for Business Office Use Only*****

SSN/TIN: _____ Employee/Vendor#: _____

Bank/CU ABA#: _____

Prenote Date: _____ CE Date: _____