

Direct Deposit Authorization Form

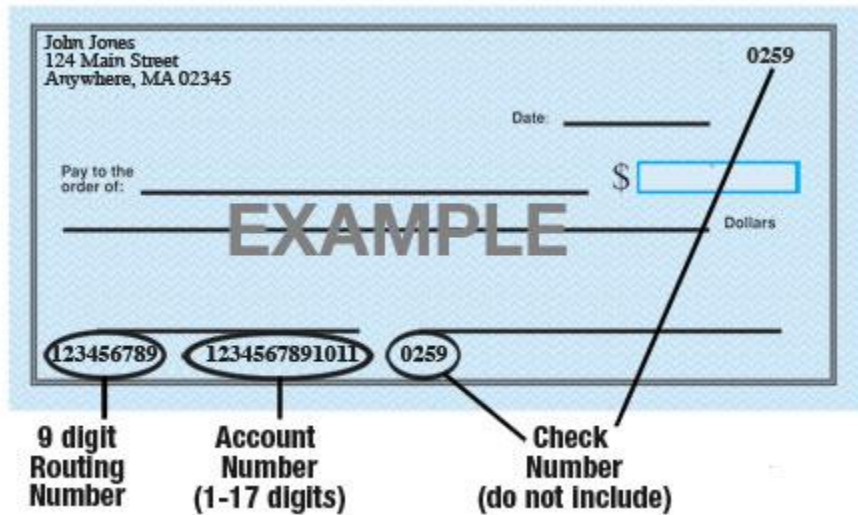
Attach a voided check for each bank account to which funds should be deposited. If you do not have a voided check, you must submit a letter from your bank with your account information.

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



Amount: \$ _____ _____ % or Entire Paycheck

Type of Account: Checking Savings (Check One)

Central High School District of Westosha is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: _____

Date: _____

