



Southwest Dubois County School Corporation Employees

Direct Deposit Employee Authorization Form

I authorize the Southwest Dubois County School Corporation and the financial institution listed below to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the account listed below each payday. This authority will remain in effect until I cancel it in writing with the Superintendent's Office.

Checking Account Savings Account

Financial Institution _____ City, State _____

Employee Signature _____ Date _____

Employee Name (please print) _____

Transit/Routing (ABA) Number										Account Number at Financial Institution									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please attach a voided check or savings deposit ticket.