

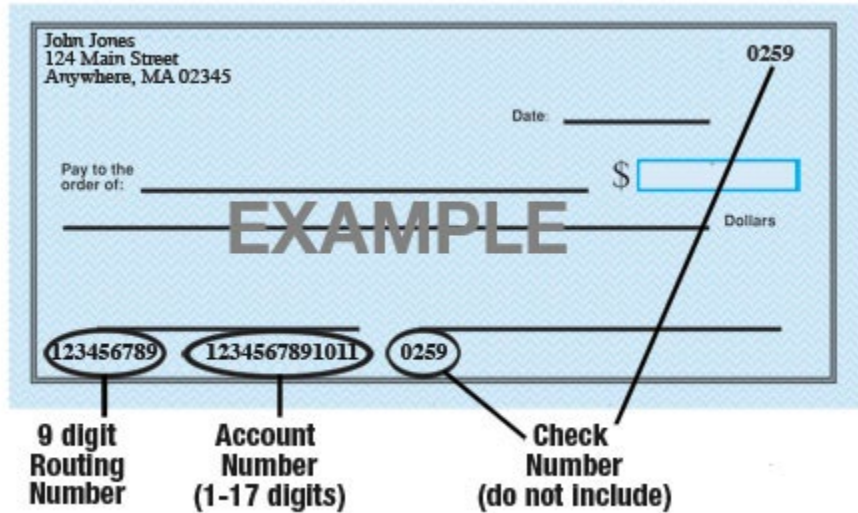
# Unified School District of DePere Payroll Direct Deposit Authorization Form – Net Pay Only

Please print and complete ALL the information below. Contact your bank/credit union directly if you are unsure where to locate your account details.

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



Name of Bank: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Type of Account: Checking Savings

Change will become effective with the \_\_\_\_\_ Payroll

The Unified School District of DePere (Employer) is hereby authorized to directly deposit my net pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

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

Date: \_\_\_\_\_