

DIRECT DEPOSIT FORM

NAME: _____

ADDRESS: _____

EMPLOYER NAME: Hermon-DeKalb Central School

BANK: _____

ADDRESS _____

ROUTING NUMBER: _____

DEPOSIT ACCOUNT NUMBER: _____

CHECKING _____ SAVINGS _____

The person signing below has requested the DIRECT DEPOSIT of their payroll into the above listed deposit account at _____.
(financial institution)

SIGNATURE: _____

DATE: _____ Start Date: _____

EMAIL ADDRESS TO SEND PAYSTUB: _____