

Payroll Direct Deposit Authorization Form

Please attach voided check, lengthwise, along this edge.

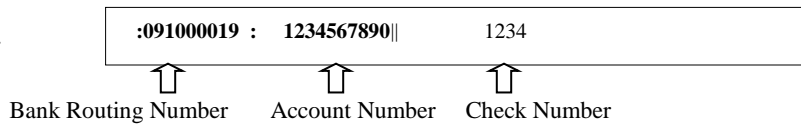
Employee Name (Printed): _____ Building: _____

Last four digits of your Social Security Number: _____

Check One: Start Stop Change Bank Account Add Secondary Change Secondary Amount

**You must attach a voided check or bank document to this form.
Your name and account number must be printed on the voided check.
Handwritten personalization is not accepted. Emailed forms will not be processed.**

Account information
from the bottom of check:



Primary Account *(The net amount of your check will be deposited into your primary account.)*

Financial Institution: _____ City/State: _____

Bank Routing Number _____ Account Number _____

Checking Account Savings Account

Secondary Account *(You may divert additional funds to a secondary account such as savings. Please indicate amount in the box below.)*

Financial Institution: _____ City/State: _____

Bank Routing Number _____ Account Number _____

Checking Account Savings Account

\$

I authorize ISD 621 and my financial institution to initiate electronic Direct Deposit and if necessary, debit entries and adjustments for any credit entries made in error to my account as indicated above. I understand that any check charges that may occur due to credit or debit entries will be my responsibility. I understand that this authorization will replace any previously authorized form and will remain in effect until I give written notice to cancel it or upon my termination. I understand the accounts listed above must be in my name and that I can be held personally accountable for the requests made above.

Your signature below indicates that you have read the information above.

Employee Signature _____
Date

If you have any questions about completing this form – please call the Payroll Office at:

Last Name A-K (651) 621-6031 **Last Name L-Z** (651) 621-6032