



O'FALLON TOWNSHIP HIGH SCHOOL DISTRICT NO. 203



DIRECT DEPOSIT ENROLLMENT FORM

Direct Deposit is simple! Complete this form and **attach a voided check** for each checking account. Savings accounts require a letter from the bank stating the Routing Number, as this number may not be reflected on deposit slips.

2400
91-548/1221
PAY TO THE ORDER OF \$
DOLLARS
FOR
1: 1221052781: 6724301068 2400

Routing Number Account Number Check Number

Employee Information

XXX-XX-	
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Social Security # (Last 4 digits only)

Name (Last, First, Middle Initial)

☐ First Time Enrollment ☐ Change Existing ☐ Add a New Account ☐ Cancel Direct Deposit

Account # 1 () Checking () Savings

Name of Bank, City, State	Routing/Transit #	Account Number	\$ Amt or "Net Pay

Account # 2 () Checking () Savings

Name of Bank, City, State	Routing/Transit #	Account Number	\$ Amt or "Net Pay

Paystubs can be accessed via Skyward Financial.

Email: _____
OTHS school email addresses will be used unless one is not assigned.

Authorization Agreement for Electronic Funds Deposit

I authorize my employer to initiate deposit entries to my accounts at the financial institutions indicated. In the event that the employer deposits funds erroneously into my account(s), I authorize my employer to recover such funds from my account(s) immediately. This agreement will remain in effect until I give written notice to withdraw from the direct deposit service.

Signature: _____ **Date:** _____