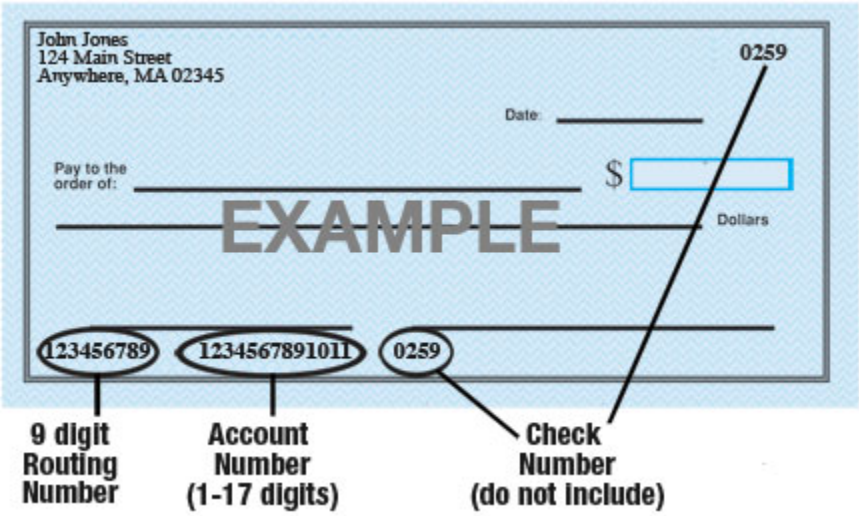
Stow-Munroe Falls CSD Direct Deposit Authorization Form

Please complete ALL the information below.

Name: _____ Email: _____

Address: _____

City/State/Zip:_____



Name of Bank 1 (required): _____ ☐ Checking ☐ Savings

9-Digit Routing #: _____ Account #: _____

Percentage: ☐ 100% ***AFTER*** BANK 2 ☐ Entire Net Pay

Name of Bank 2 (optional): _____ ☐ Checking ☐ Savings

9-Digit Routing #: _____ Account #: _____

Dollar Amount: ☐ $ _____ Percentage: ☐ _____%

Please attach a voided check or bank letter for each bank account listed above.

Stow-Munroe Falls CSD is hereby authorized to directly deposit my net pay to the account listed above. This authorization will remain in effect until I submit a new authorization through the Employee Records Portal at ***smfcsd.tedk12.com/records***

Signature_____ ***Date***_____