



Direct Deposit Authorization Form

You have the option to have all or a portion of your paycheck directly deposited into up to three (3) checking or savings accounts. Please complete the information below and submit the completed form to the payroll department.

Employee Name (please print): _____ **Last 4 of SS:** XXX-XX-_____

Name of Financial Institution: _____

Account #: _____ 9-Digit Routing #: _____

Entire Payment (Net) **OR** Amount \$ _____ Type of Account (Select one): Checking or Savings

Name of Financial Institution: _____

Account #: _____ 9-Digit Routing #: _____

Amount: \$ _____ Type of Account (Select one): Checking or Savings

Name of Financial Institution: _____

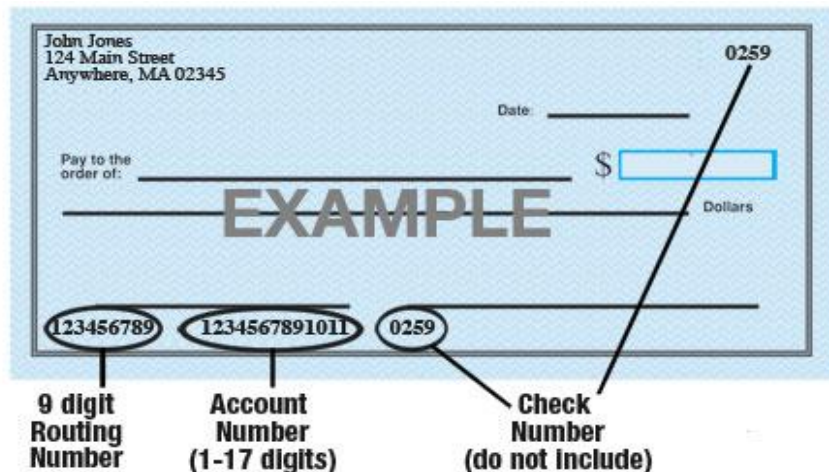
Account #: _____ 9-Digit Routing #: _____

Amount: \$ _____ Type of Account (Select one): Checking or Savings

Orland School District 135 is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____ **Date:** _____

You must attach a voided check or a document from the financial institution to validate the account and routing numbers.



NOTE: The Direct Deposit Authorization Form will not be accepted without the required documentation attached. You may make changes to your Direct Deposit only twice per fiscal year.