

**LAKEVIEW SCHOOL DISTRICT
EMPLOYEE DIRECT DEPOSIT ENROLLMENT FORM**

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for any amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such a manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name: _____ S.S.# _____
(Please Print Legibly)

Employee Signature: _____ Date: _____

ACCOUNT INFORMATION

The last item must be for the remaining amount owed to you. Make sure to indicate what kind of account, along with the amount to be deposited or entire net amount. **Only 3 financial institutions permitted. Provide a voided check and/or deposit slip for each account.**

1) Bank Name/City/State _____

Routing/Transit# _____
\$ _____ Checking \$ _____ Savings \$ _____ Club
_____ Acct. No. _____ Acct. No. _____ Acct. No.
(Indicate amount to be deposited or remaining/entire net amount)

2) Bank Name/City/State _____

Routing/Transit# _____
\$ _____ Checking \$ _____ Savings \$ _____ Club
_____ Acct. No. _____ Acct. No. _____ Acct. No.
(Indicate amount to be deposited or remaining/entire net amount)

3) Bank Name/City/State _____

Routing/Transit# _____
\$ _____ Checking \$ _____ Savings \$ _____ Club
_____ Acct. No. _____ Acct. No. _____ Acct. No.
(Indicate amount to be deposited or remaining/entire net amount)