



Direct Deposit Authorization Form

Name: _____

Address: _____

City, State, Zip: _____

Name of Bank: _____

Type of account: Checking Savings

Amount: \$ _____ or _____% or Entire paycheck

Attached is a: Voided Check

(only one is needed) Savings Deposit Slip

Notice from the bank with account information.

(Optional) Name of Bank: _____

Type of account: Checking Savings

Amount: \$ _____ or _____% or Entire paycheck

Attached is a: Voided Check

(only one is needed) Savings Deposit Slip

Notice from the bank with account information.

Edgemont UFSD is hereby authorized to deposit my pay to the account(s) listed above.

Employee Signature: _____

Date: _____