



HAWLEY PUBLIC SCHOOLS

Direct Deposit Enrollment Form

Attach a copy of a voided check

Account #1	☐ Checking ☐ Savings
Bank Name: _____	
Bank Address: _____	
Amount \$ _____ OR Percent _____ %	
*ABA #: _____	
*Account #: _____	

Account #2	☐ Checking ☐ Savings
Bank Name: _____	
Bank Address: _____	
Amount \$ _____ OR Percent _____ %	
*ABA #: _____	
*Account #: _____	

VOIDED CHECK

I authorize the direct deposit of my net pay into account(s) indicated above. If my employer deposits funds to my account to which I am not entitled, I authorize my employer to direct the above financial institution(s) to return said funds. The agreement will remain in effect unless I provide written notice to my employer.

Signature

Printed Name

Date

*ABA#: the first nine digits of machine-readable type at the bottom of your check or deposit slip. Account#: the digits of machine-readable type to the right of the ABA#. DO NOT include your check number, which is often between the ABA# and Account#, or after Account#. Please attached a cancelled check from your account (checking) or a copy of your savings account deposit slip (savings) to verify information and reduce chance of errors.