

Lebanon School District  
20 Seminary Hill  
West Lebanon, NH 03784

DIRECT DEPOSIT



## Enrollment Form

I hereby authorize the Lebanon School District to deposit any amounts owed to me by initiating credit entries to my accounts at the financial institutions indicated by the Lebanon School District. In the event that the District deposits funds erroneously into my account, I authorize the District to debit my account for an amount not to exceed the original amounts of the erroneous credit.

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

Employee name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ACCOUNT INFORMATION

1 Bank Name/City/State: \_\_\_\_\_

Routing/Transit#: \_\_\_\_\_ Acct #: \_\_\_\_\_

Checking or Savings                      Deposit:\$ \_\_\_\_\_ or Net Amount

2 Bank Name/City/State: \_\_\_\_\_

Routing/Transit#: \_\_\_\_\_ Acct #: \_\_\_\_\_

Checking or Savings                      Deposit:\$ \_\_\_\_\_ or Net Amount

2 Bank Name/City/State: \_\_\_\_\_

Routing/Transit#: \_\_\_\_\_ Acct #: \_\_\_\_\_

Checking or Savings                      Deposit:\$ \_\_\_\_\_ or Net Amount

Please attach voided check to help insure deposit made to correct account.

For Service Credit Union accounts please use your ACH account #.