

MANDATORY DIRECT DEPOSIT

CONNELLSVILLE AREA SCHOOL DISTRICT

Direct Deposit Application

Please provide the following information in order to begin direct deposit of your paycheck.

Employee Name _____ Date _____

Deposit #1

Bank Name _____

Circle One: Checking

Savings

Amount to be deposited:

(Choose one)

_____ entire paycheck

_____ specific amount of \$ _____
(If depositing to more than one account)

Deposit #2

Bank Name _____

Circle One: Checking

BALANCE OF PAY CHECK

Savings

A voided check ***MUST*** be included with your application for each checking account to provide payroll with account number verification. Contact your financial institution for written verification for any savings account.

Please return this completed form, with the required attachments, to Payroll in the Administration Office. Direct Deposit requires two pay cycles before activated.

Employee Signature _____