

GOSHEN COUNTY SCHOOL DISTRICT #1
DIRECT DEPOSIT AUTHORIZATION

Acceptance of this form by GCSD#1, upon completion by the employee, does not provide any guarantee of employment.

Employee Name: _____ Employee ID: _____

Bank Name/Branch: _____

Routing Number: _____ Account Number: _____

Checking ☐ Savings ☐ Check one: ☐ _____ % ☐ \$ _____ ☐ Balance

*If only one bank account, check, BALANCE.

Bank Name/Branch: _____

Routing Number: _____ Account Number: _____

Checking ☐ Savings ☐ Check one: ☐ _____ % ☐ \$ _____ ☐ Balance

Check the appropriate item:

_____ **Direct Deposit**

The undersigned hereby requests and authorizes their paycheck each month to be deposited directly into the bank account named above.

_____ **I would like to cancel my direct deposit authorization.**

The undersigned hereby cancels the authorization for direct deposit or previously submitted direct deposit authorization form.

ATTACH VOIDED CHECK OR SAVINGS DEPOSIT SLIP HERE

Employee Signature

Date