

**ISD #2909 – Rock Ridge Public Schools
Payroll Direct Deposit Authorization Form**

Employee Name: _____

I authorize ISD #2909 and the financial institution(s) listed below to automatically deposit my net pay into the account/s listed below. This includes my authorization to reverse any entries made in error. This authority will remain in effect until I have canceled it in writing. It is the employee's responsibility to make sure the net pay is deposited correctly.

Banking Information:

Account #1: Bank Name & Address _____
Bank Routing Number _____
Bank Account Number _____
Savings Account _____ Checking Account _____
Amount or % of check to be deposited into this account: _____

Account #2: Bank Name & Address _____
Bank Routing Number _____
Bank Account Number _____
Savings Account _____ Checking Account _____
Amount or % of check to be deposited into this account: _____

Account #3: Bank Name & Address _____
Bank Routing Number _____
Bank Account Number _____
Savings Account _____ Checking Account _____
Amount or % of check to be deposited into this account: _____

ATTACH VOIDED CHECK(s) or VOIDED WITHDRAWAL SLIP(s)

I, the undersigned employee of Independent School District #2909, do hereby authorize the Business Office to use the direct deposit option for my payroll check, effective as of the date below.

Signature

Date