

Authorization for Direct Deposit

Employee Name: _____

(Please Print)

Bank Name & Routing # : _____

Checking: Savings:

Account # and Type: _____

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Please attach a voided check or deposit slip to this form and verify that the information printed on the check is the same as what is written on this form. You will receive a regular paper check until all the banking information is verified, which will take a **minimum of one payroll**. Please contact the Payroll Departments with any questions.

By signing this document, you are agreeing to the following statement:

I hereby Authorize Danville School District #118 to initiate the deposit of my entire check to the account indicated on this form.

Signature: _____

Attach Bank Information Here