

Southern Local School District **PAYROLL DEPT**
DIRECT DEPOSIT AUTHORIZATION

Test
Live
<i>Payroll Office Use Only</i>

New Request Change Request Cancellation Request*
*see bottom section of this form

Name: _____ Social Security #: _____

Work Phone: _____ Email address: _____

Bank Name _____

Bank Address _____

Type of Account Checking Savings City _____ State _____

Account Number _____

Bank Routing Number _____

Verified by: <i>payroll use only</i>

*Your account number and bank routing number can be found on your personal check.
The Bank Routing Number is normally the first nine numbers printed on the bottom of your check.
See next page for "Sample Check" to see an example.*

The information supplied here will replace any other Direct Deposit information that may already exist in the Payroll files.

I authorize the Treasurer of Southern Local to direct deposit all payments, to me from the school district Payroll or Accounts Payable Office, into my account in the financial institution named above. This authorization will remain in effect until I submit a new form or forms changing this authorization.

Date _____ Signature _____

Send completed form to the Payroll Office in the Central Administration
Please attach a voided check or other documentation for verification purposes.
(DO NOT USE A DEPOSIT TICKET.)

CANCELLATION OF DIRECT DEPOSIT Complete this box only if you are canceling your Direct Deposit.

To cancel a current Direct Deposit and receive a check, please mark this box. You must also complete the sections above: Name, SS#, Date and signature. This will take effect next pay.
