



DIRECT DEPOSIT DEDUCTION FORM

<input type="checkbox"/> Start	<input type="checkbox"/> Change	<input type="checkbox"/> Stop	Effective Date
			/ /

Name: _____ Social Security #: _____

Account #: _____ Routing #: _____

SAVINGS ACCOUNT CHECKING ACCOUNT AMOUNT \$: _____

I hereby authorize: Payroll Deduction of \$ _____ I also authorize Isaac School District #5 to make distributions of my payroll as indicated above. I understand that my direct deposit/Payroll Deduction may be by my employer if my wages are garnished or assigned.

Signature _____ Date _____

Please return this to the Isaac School District #5 Payroll Department. This request replaces any previous request on file.

For Payroll Use Only:	
Date Received: _____	Payroll Period: _____
Dated Entered: _____	Entered By: _____