



DIRECT DEPOSIT AUTHORIZATION

Name: _____

Social Security #: _____

Name of Financial Institution: _____

Check One: Start Stop Change

Effective Date: ____ / ____ / ____

Please attach a Voided Check:

Checking Account #

Savings Account #

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

OR

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Attach An Actual Voided Check Here

This **must** be an actual voided check, deposit slips will be returned for proper documentation. This is to expedite your direct deposit request.

All direct deposit requests require two full pay period to become active.

I hereby authorize Isaac School District #5 to initiate credit entries to my account (indicated above), and the depository name above to credit the same to such account. This authority is to remaining full force and in effect until you have received written notification from me of its termination. I understand that my participation in this program will be terminated if my wage are garnished or assigned.

Signature

Date

For Payroll Use Only:

Date Received: _____

Date Entered: _____

Pay Period: _____

Entered By: _____