

LA GRANGE SCHOOL DISTRICT 102

DIRECT DEPOSIT
AUTHORIZATON FORM

I hereby authorize School District 102 and the financial institution shown to deposit my pay directly to my account each payday. This authority will remain in effect until I file a new Authorization Form.

Name _____ Date _____

XXX-XX-_____
Social Security Number (Last 4 digits)

Account #1: _____
Name of Financial Institution

Routing Number

Account Number

Checking or Savings (**circle one**)

(Optional)
Account #2 _____
Routing Number

Account Number

Checking or Savings (**circle one**)

Exact Dollar Amount

Please contact your financial institution for the correct Routing Number and Account Number.

_____ CHANGE: Financial institution and/or account number

_____ CANCEL

Signature DATE _____