



## PAYROLL DIRECT DEPOSIT FORM

I hereby authorize the Harrisburg School District and the financial institution(s) listed below to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account(s) for payroll and reimbursement requests to the following:

CHECKING ACCOUNT

SAVINGS ACCOUNT

each payday and/or reimbursement date. This authority will remain in effect until I have cancelled it in writing. **If possible, please attach a voided check.**

*Effective 09-01-19, paystubs will be sent via school email only!*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Bank Routing Number

\_\_\_\_\_  
Branch Location

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee Signature

### ADDITIONAL ACCOUNT, IF NECESSARY

CHECKING ACCOUNT

SAVINGS ACCOUNT

\_\_\_\_\_  
Amount Per Paycheck

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Bank Routing Number

\_\_\_\_\_  
Branch Location