

Adams Central Community Schools

Direct Deposit Enrollment Form

Name _____

(First, Middle, Last)

I hereby authorize Adams Central Community Schools to deposit my net pay each payday to my account at the following depository.

NAME OF BANK _____

Check one: _____ Checking _____ Savings

Bank Routing Number _____ (Please be accurate)

Account number _____ (Please be accurate)

Date: _____ Signature: _____

**A VOIDED CHECK MUST BE ATTACHED FOR CHECKING ACCOUNTS.
RETURN THIS FORM TO THE SUPERINTENDENT'S OFFICE.**