

PAYROLL DIRECT DEPOSIT

Name: _____

Social Security Number: _____

Bank Name: _____

Bank Address: _____

Bank Transit Routing Number: _____

Bank Account Number: _____

Checking or Savings (please circle one)

The first deduction will be a pre-note (test) s you will receive a check. If no corrections are sent back, then your next deduction will be direct deposited.

PLEASE ATTACH A VOIDED CHECK

This form is due into the District Office by the 10th of the month to make the next payroll cutoff.

Signature: _____

Date: _____