

## Authorization for Direct Deposit

**Employee Name:** \_\_\_\_\_

(Please Print)

**Bank Name & Routing # :** \_\_\_\_\_

Checking:      Savings:

**Account # and Type:** \_\_\_\_\_

Please attach a voided check or deposit slip to this form and verify that the information printed on the check is the same as what is written on this form. You will receive a regular paper check until all the banking information is verified, which will take a **minimum of one payroll**. Please contact the Payroll Departments with any questions.

By signing this document, you are agreeing to the following statement:

I hereby Authorize Danville School District #118 to initiate the deposit of my entire check to the account indicated on this form.

Signature: \_\_\_\_\_

*Attach Bank Information Here*