

## DIRECT DEPOSIT ENROLLMENT/CHANGE FORM

Name (please print) \_\_\_\_\_

Building \_\_\_\_\_

Position \_\_\_\_\_

1. Fill in your account number and indicate the account type (savings or checking) for each account listed.
2. To have the entire check deposited into **one account**, simply write “100%” in the last column.
3. To have the check divided between **multiple accounts**, indicate the **flat dollar amount** to be deposited into each account. You will need to designate a **“Remainder”** account. The remaining balance of your net pay will be deposited into this account.
4. **Attach a Voided Check for a checking account/savings account. Deposit Tickets are not acceptable.**

Bank Name	Bank Routing No.	Account No.	Type (Checking or Savings)	Dollar Amount

I wish to have my paychecks electronically deposited into the above accounts at the stated financial institution. I further authorize the district to initiate debits to the account(s) to correct any errors. I understand that changes should be submitted at least two weeks prior to the desired effective date, but school-term employees cannot change direct deposit during the months of June, July, and August. *I understand that the district does not assume responsibility for fees associated with an overdrawn account due to an account change.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date