

# South Harrison Elementary School District

## DIRECT DEPOSIT AUTHORIZATION

DATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_  
*Last First M*

ADDRESS: \_\_\_\_\_  
*Street City State Zip Code*

BANK NAME: \_\_\_\_\_

BANK ABA CODE: \_\_\_\_\_  
(A 9 Digit Number on Bottom of Check)

ACCOUNT NO.: \_\_\_\_\_ *Checking Savings*  
Balance of Check will be Deposited into this Account

**PLEASE ATTACH A VOIDED CHECK OR BANK CONFIRMATION FOR ALL ACCOUNTS YOU WISH TO USE!**

BANK NAME: \_\_\_\_\_

BANK ABA CODE: \_\_\_\_\_  
(A 9 Digit Number on Bottom of Check)

ACCOUNT NO.: \_\_\_\_\_ *Checking Savings*  
Balance of Check will be Deposited into this Account

Amount to Deposit in Account: \$ \_\_\_\_\_

\_\_\_\_\_  
*Date Employee Signature*

### General Information:

- When deposits are made in two accounts your net check will be zero.
- It is the Employee's responsibility to insure adequate funds are available in their account to cover all withdrawals.