

LAFARGEVILLE CENTRAL SCHOOL

DIRECT DEPOSIT ENROLLMENT/CHANGE FORM

Employee Name _____

Retain a copy of this form for your records. Return the original to District Clerk's Office.

COMPLETE TO ENROLL/ADD/CHANGE BANK ACCOUNTS

Type of Account	Routing Number	Checking/Savings Account Number	Financial Institution ("Bank") Name	I wish to deposit (check one):
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other				<input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$_____.00 <input type="checkbox"/> Remainder of Net
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other				<input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$_____.00 <input type="checkbox"/> Remainder of Net

COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS

Routing Number	Checking/Savings Account Number	Financial Institution ("Bank") Name	Change My Deduction Amount to:
			<input type="checkbox"/> From _____% to _____% of Net <input type="checkbox"/> From \$_____.00 To \$_____.00 <input type="checkbox"/> Remainder of Net Pay
			<input type="checkbox"/> From _____% to _____% of Net <input type="checkbox"/> From \$_____.00 To \$_____.00 <input type="checkbox"/> Remainder of Net Pay

EMPLOYEE CONFIRMATION STATEMENT

I authorize my employer to deposit my wages/salary into the bank accounts specified above. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

→Employee Signature _____ Date _____