

ISD #885 Employee Direct Deposit Enrollment Form

ISD #885 requires all new employees to sign-up for direct deposit.

I hereby authorize ISD #885 and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account listed below each payday. This authority will remain in effect until I have canceled in writing.

****Please attach a voided check or a voided savings account withdrawal form for each account.**

Employee Name (please print) Employee Signature Today's Date

Financial Institution City, State

Checking Account

Savings Account

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Routing Number

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Account Number (Please leave unused boxes empty)

Optional additional account:

Financial Institution (if different from above) City, State

Checking Account

Savings Account

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Routing Number

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Account Number (Please leave unused boxes empty)

Amount to deposit into additional account per paycheck: \$

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