



Direct Deposit Authorization

Employee Name (please print) _____

I authorize the Ballard Community School District to automatically deposit my net pay to my account. This authorization will remain in effect as long as I am employed by the Ballard Community School District or a written request is given by me to change the direct deposit activity. I understand that the rewrite of paychecks will not be possible with Direct Deposit and any adjustments will take place the following pay period.

Financial Institution Name _____

Bank routing number: _____

Checking account number _____ Deposit Amount _____

Savings account number _____ Deposit Amount _____

(only one account can have a fixed amount, the other will receive the remaining balance)

Signed

Date

You must attach a VOID check here: