

Lansing USD 469

EMPLOYEE DIRECT DEPOSIT FORM

Employee Name: _____

I authorize my employer, Lansing USD 469, to deposit my net pay directly into my bank account(s) as indicated below. I agree to notify my employer immediately of any changes to this information so that my pay may be properly distributed. I understand that in the event that my employer notifies my financial institution of an error, my bank is authorized to debit my account for the amount of the adjustment.

I understand that, due to employer and bank processing, it may take up to two weeks for changes to take place. I understand that I should not close out an account that is set up for direct deposit without giving my employer two weeks' notice so that adjustments can be made.

Account #1

Type of Account: Checking _____ Savings _____

Name of Financial Institution _____

Routing Number _____ Account Number _____

Percentage/Amount to deposit to this account \$ _____ or _____ %

Account #2 (remainder to be deposited into this account)

Type of Account: Checking _____ Savings _____

Name of Financial Institution _____

Routing Number _____ Account Number _____

Please attach a void check for each account listed.

This authority will remain in effect until USD 469 has received written notice of its termination in such a way as to allow processing time.

Signature _____ Date _____