

***McHenry Elementary School District 15
Direct Deposit Enrollment Form***

I authorize McHenry Elementary School District 15 to deposit my payroll check each payday directly into the account named below. This authority will remain in force until I have given *written* notice that I have terminated my employment or until the school district notifies me that this deposit service has been eliminated.

Please fill out form completely

Name _____

Social Security Number _____ - _____ - _____

Name of Bank or Financial Institution _____

Bank Address _____

Bank Phone Number _____

Account Type: _____ Checking _____ Savings

Please contact your bank to verify the correct routing and account numbers.

Routing Number _____

Account Number _____

Employee Signature _____

Date _____

Direct deposits will take 2-3 *payrolls* before they will go into effect.

Please TAPE a voided check below if applicable (not deposit ticket) from the bank account.

