

**OAK CREEK-FRANKLIN JOINT SCHOOL DISTRICT  
DIRECT DEPOSIT AUTHORIZATION FORM**

**Please complete the Authorization Form in its entirety. Please attach a VOIDED CHECK or photocopy to ensure proper routing of your deposit to a CHECKING account. If available, please attach a DEPOSIT SLIP to verify SAVINGS account information.**

I hereby authorize the OAK CREEK-FRANKLIN JOINT SCHOOL DISTRICT to initiate credit entries to all/any of my accounts listed below. I also authorize initiation of any debit entries and adjustments for any credit entries made in error to my account(s). The Depositories named below will credit or debit the same to such accounts.

You may elect a fixed amount or a percentage of your total payroll check. You may choose multiple institutions/accounts. Please complete the following:

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BANK NAME \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ OR PERCENT \_\_\_\_\_ %  
DEPOSIT ENTIRE NET CHECK TO THIS ACCOUNT \_\_\_\_\_ DEPOSIT REMAINDER AFTER DIRECT DEPOSIT BELOW \_\_\_\_\_  
ROUTING NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_ ACCOUNT TYPE: CHECKING SAVINGS

**Primary Account**

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BANK NAME \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ OR PERCENT \_\_\_\_\_ %  
DEPOSIT REMAINDER OF CHECK AFTER DIRECT DEPOSIT ABOVE \_\_\_\_\_  
ROUTING NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_ ACCOUNT TYPE: CHECKING SAVINGS

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BANK NAME \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ OR PERCENT \_\_\_\_\_ %  
DEPOSIT REMAINDER OF CHECK AFTER DIRECT DEPOSIT ABOVE \_\_\_\_\_  
ROUTING NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_ ACCOUNT TYPE: CHECKING SAVINGS

This authority is to remain in full force and effect until the District has received written notification from me of its termination in such time and in such a manner as to afford the District and the Depository a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

OFFICE USE ONLY:  
DATA BASE CHANGED \_\_\_\_\_  
EFFECTIVE PAYROLL \_\_\_\_\_