

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

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 the 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 in its entirety:

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

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

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 _____
PRE-NOTE PAYROLL _____
EFFECTIVE PAYROLL _____