

Redford Union School District Payroll Department
You must complete this form for Payroll Direct Deposit to receive pay.

DIRECT DEPOSIT EMPLOYEE AUTHORIZATION

For account verification please return this completed form to the Payroll Office along with the following:
For a checking account we need a blank "voided" check, or a verification letter from your financial institution
For a savings account we need verification from your financial institution(i.e. bank stamp on this form or a letter showing routing & account number information).

Account # 1
 Initial Enrollment No Change(on file) Change Cancellation

Amount _____ Financial Institution Name _____

Checking Savings

TRANSIT ROUTING NUMBER ACCOUNT NUMBER

_____ _____

Account # 2
 Initial Enrollment No Change(on file) Change Cancellation

Amount _____ Financial Institution Name _____

Checking Savings

TRANSIT ROUTING NUMBER ACCOUNT NUMBER

_____ _____

Account # 3
 Initial Enrollment No Change(on file) Change Cancellation

Amount _____ Financial Institution Name _____

Checking Savings

TRANSIT ROUTING NUMBER ACCOUNT NUMBER

_____ _____

Account # 4
 Initial Enrollment No Change(on file) Change Cancellation

Amount _____ Financial Institution Name _____

Checking Savings

TRANSIT ROUTING NUMBER ACCOUNT NUMBER

_____ _____

I authorize Redford Union School District to deposit pay automatically to the designated financial institution and account/ s listed above each pay period. This authorization will also allow Redford Union School District to make adjustments to correct errors. I understand that I am responsible for all costs incurred for posting to a closed account, bounced checks, etc. related to wrong account number information which I provided to Redford Union School District.

_____ _____
Employee Signature Date

_____ _____
Employee ID Number Please Print Employee Name
(NOT SOCIAL SECURITY)