

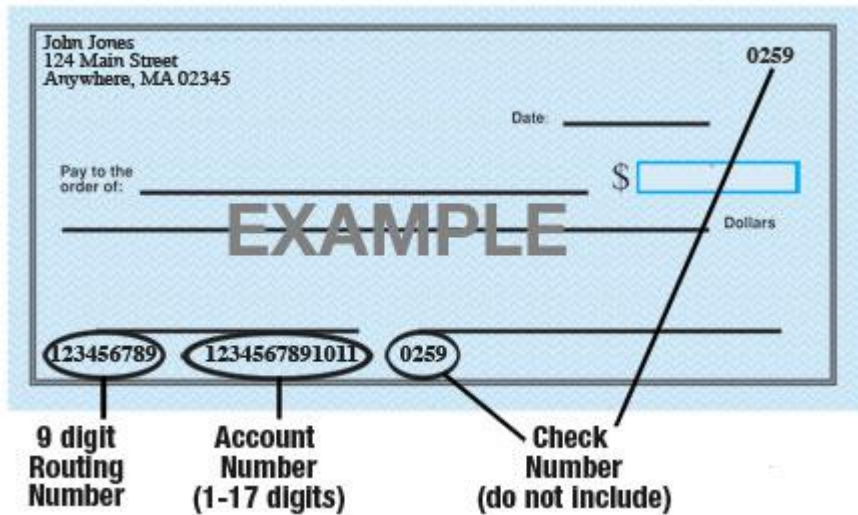
Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____ Email: _____

Address: _____

City/State/Zip: _____



Name of Bank 1 (required): _____ Checking Savings

9-Digit Routing #: _____ Account #: _____

Amount: \$ _____ _____% or Entire Paycheck

Name of Bank 2 (optional): _____ Checking Savings

9-Digit Routing #: _____ Account #: _____

Amount: \$ _____ _____%

Please attach a voided check for each bank account to which funds should be deposited.

Brookfield Local School District is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____

Date: _____