

DIRECT DEPOSIT FORM

Employer Name: Buena Vista City Public Schools: Location:

I authorize the above named Employer and financial institution named below to electronically deposit my net pay to the specified account each pay period:

Checking Account

Savings Account

Bank Name:	
Routing Number:	Account Number:

If monies to which I am not entitled are deposited into my account, I authorize me Employer to direct the financial institution to return said funds.

This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing or upon termination of my employment with said Employer.

Print Name:	Social Security Number:
Signature:	Date:

Staple/Tape Voided Check Here:
