



## Direct Deposit Enrollment Form

- Original Enrollment
- Change to Existing Enrollment

### Personal Information

Employee Name: \_\_\_\_\_

### Bank Information

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Account Type:  Checking  Savings

Account Number: \_\_\_\_\_

I hereby authorize Central Community Unit School District 301 and the above named financial institution to deposit (and reversal of like deposit) my payroll check to my bank account each pay day. This authority is to remain in full force and is effective until Central Community Unit School District 301 has received written notification from me of its termination in such time and in such manner as to afford the School District and the Financial Institution a reasonable opportunity to act on it. I further understand that the availability of funds after the transfer to my account will be based on my institution's rules and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Verification of account information is required. Please provide a voided check or other bank documentation to verify the account information provided is correct.**