

DIRECT DEPOSIT AUTHORIZATION

Employees of the Jefferson School District are paid through Direct Deposit.
(Reference Employee Handbook, Part I, Section 6.02)

Please complete and return this form with a **VOIDED CHECK** from your checking account. Do not attach a deposit slip as it may contain *internal* routing numbers. Savings accounts only need account information as requested below.

If at any time you change accounts or financial institutions you must forward new account information immediately. Do not assume the bank has contacted us. Failure to notify the payroll department of changes will cause your deposit to be interrupted and you will not get paid.

I hereby authorize the School District of Jefferson to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated below and the depository named below, to credit and/or debit the same amount to such account.

This authority is to remain in effect until the District has received written notification from me of its termination in such time and in such manner as to afford the District and Depository a reasonable opportunity to act on it.

➤ **SELECT ONE AND SUPPLY REQUESTED DATA**

Checking Account (Attach blank check voided)

Account Number

Bank Name _____

Bank ABA Routing Number

Bank Phone Number (___) ___ - ____

Prenoted

Savings Account

Account Number

Bank Name _____

Bank ABA Routing Number

Bank Phone Number (___) ___ - ____

Signed: _____	Date: _____
Print Name: _____	

Return completed form to:
School District of Jefferson
Attn: Kristie Grulke
206 S. Taft Avenue
Jefferson, WI 53549

Attach your voided check
and
return this form to the District Office ASAP.