

Darien Public Schools

DIRECT DEPOSIT AUTHORIZATION FORM

Please Print All Information Clearly

Employee Name: _____ Employee # _____

Social Security Number: _____

1. Type of Transaction: _____ New _____ Change _____ Cancel Direct Deposit

2. Bank Name and Branch: _____

3. ABA/Routing # (9 digits shown on lower left-hand corner of check): _____

4. Checking Account Number: _____

Percentage of Net Wages To Be Deposited: _____ OR

Dollar Amount of Wages To Be Deposited: _____

5. Savings Account Number: _____

Percentage of Net Wages To Be Deposited: _____ OR

Dollar Amount of Wages To Be Deposited: _____

If Depositing Into A Checking Account, Please Submit A Voided Blank Check. The ABA/Routing Number Is On The Face Of Each Check In The Lower Left-Hand Corner. Please Staple Blank Check Here

I hereby authorize the direct deposit of my net pay (specified by percentage) by my employer in the account and financial institution indicated above. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this Agreement in writing to my employer. Any such notification shall become effective following receipt, after a reasonable opportunity to act on it. In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the credit.

Employee Signature

Date

