## **Hustisford School District – Direct Deposit Authorization**

| Check one of the following: Start Stop Change |   |                           |                         |                  |   | You must verify with your financial institution on your pay date that your direct deposit has gone into effect.  |                                  |   |                 |                    |  |
|---|---|---------------------------|-------------------------|------------------|---|--|----------------------------------|---|-----------------|--------------------|--|
| Name (Last, First, Middle Initial)            |   |                           |                         |                  |   |  | Social                           | Social Security Number                  |                 |                    |  |
| entitled are will promp                       | e deposited in<br>ptly complete                       | my account,<br>new author | I authorize ization agr | the School Distr | rict to initiat<br>rize the Sch   | unt(s) in the financial institute a correcting (debit) entry ool District to deduct the fi   | <ul> <li>If any of th</li> </ul> | e account inforn                        | nation below ch | anges, I           |  |
| Date (Mo/Day/Yr) Employee Signature           |   |                           |                         |                  |   |  | Daytim                           | Daytime Phone Number                    |                 |                    |  |
| Home Add                                      | dress:  | Street                    | 1                       |                  | City  | State  | ;                                | Zip Co                                  | ode             |                    |  |
|   | DEPOSIT ACC   |                           |                         |                  |   |  |                                  |   |                 |                    |  |
|   |   |                           |                         |                  | ,   |  | <b>,</b>                         | *************************************** |                 |                    |  |
|   | Transit   | Routing Nu                | mber (Mu                | st be 9 numbers  | s)  |  |                                  | Account                                 | t Number        |                    |  |
|   |   |                           |                         |                  |   |  |                                  |   |                 |                    |  |
| Type of Ad                                    | ccount  | ] Checki                  | ng                      |                  | Savings   |  |                                  |   |                 |                    |  |
|   | DEPOSIT ACC   |                           |                         |                  |   |  |                                  |   |                 |                    |  |
| Financiai i                                   | Institution Nar                                       | 16                        |                         |                  |   |  |                                  |   |                 |                    |  |
| Transit Routing Number (Must be 9 numbers)    |   |                           |                         |                  |   |  |                                  | Account Number                          |                 |                    |  |
|   |   |                           |                         |                  |   | 9 20 3   |                                  |   |                 |                    |  |
| Type of Ac                                    | ccount  | ] Checki                  | ng                      |                  | Savings   |  |                                  |   |                 |                    |  |
| DIRECTO                                       | DEPOSIT ACC   | OUNT # 3                  |                         |                  |   |  |                                  | ***                                     | ····            |                    |  |
|   | Institution Nar                                       |                           |                         |                  |   |  |                                  |   |                 |                    |  |
| Transit Routing Number (Must be 9 numbers)    |   |                           |                         |                  |   |  |                                  | Account Number                          |                 |                    |  |
|   |   |                           |                         |                  |   |  |                                  |   |                 |                    |  |
| Type of Ac                                    | ccount  | ] Checkii                 | ng                      |                  | Savings   | December of the control of the contr |                                  |   |                 |                    |  |
| Checkin<br>Attach a                           | elect to have<br>ng account<br>ovoided che<br>CATTACH | :<br>eck to this          | form.                   | ·                | John Smit<br>Mary Jone<br>1000 Prairi<br>Anyplace,<br>PAY 10 TH<br>ORDER OF | s<br>eview Lane<br>W1 54321  | VOIL                             | )                                       |                 | 123<br>15-00000000 |  |

ANYOLD BANK Anyplace, WI 54321

|:250250025 |:

Account Number

1234

Routing Number

202020086n

LARS

Do not include the check number.

Return this form to the district office.

Contact your financial institution to obtain

Savings account:

its transit routing number.