

NEWTON COMMUNITY SCHOOL DISTRICT

Payroll Direct Deposit Authorization Form

✓ **Information about you:**

Name: _____

✓ **Information about your financial institution:**

**LIST ALL DIRECT DEPOSITS TO REMAIN IN EFFECT. THIS WILL REPLACE ANY PREVIOUS REQUESTS.
*THE LAST BANK ACCOUNT YOU LIST WILL RECEIVE THE BALANCE OF YOUR NET CHECK***

	BANK NAME	ROUTING/ABA#	ACCOUNT#	CK	SV	AMOUNT/BALANCE
1.	_____	_____	_____	___	___	\$ _____
2.	_____	_____	_____	___	___	\$ _____
3.	_____	_____	_____	___	___	\$ _____
4.	_____	_____	_____	___	___	\$ <u>Balance</u>

Not valid without a preprinted voided check(s) (for a checking account) or a photocopy of a savings account identification card(s) (for a savings account) stapled in this box.

I authorize Newton Community School District and the financial institution(s) named above to automatically deposit my net pay to my account (this includes my authorization for the Newton Community School District to correct any entries made in error). This authority will remain in effect until I give written notice to cancel it.

✓ Signature: _____ Date: _____

Date Received _____ Effective Date _____