

Dundee Community Schools
Direct Deposit Authorization

Full Legal Name: _____

Bank Name/Branch: _____

Routing Number: _____

Account Number: _____

Select One: Savings Checking

Check the Appropriate Item:

_____ **Direct Deposit**

The undersigned hereby requests and authorizes the entire amount of my paycheck each pay period to be deposited directly into the bank account named above.

_____ **Direct payroll deduction deposit**

The undersigned hereby requests and authorizes the sum of _____ dollars (\$_____) be deducted from my paycheck each pay period and to be deposited directly into the bank account named above.

_____ **I would like to cancel my deposit authorization**

The undersigned hereby cancels the authorization for direct deposit or payroll deduction deposited previously submitted.

Employee Signature

Date