

VICTOR SCHOOL DISTRICT #7

PAYROLL DIRECT DEPOSIT REQUEST

Employee Name _____

I hereby authorize the payroll department to direct deposit the following amounts and/or percentage to the following financial institution(s):

Name of Institution: _____
Routing # _____ Account # _____
__ Checking __ Savings Amount or Percentage _____

Name of Institution: _____
Routing # _____ Account # _____
__ Checking __ Savings Amount or Percentage _____

Name of Institution: _____
Routing # _____ Account # _____
__ Checking __ Savings Amount or Percentage _____

Effective Date: _____

Employee Signature: _____

Payroll Authorized Signature: _____

Date Completed: _____

e-mail address to send check stub to: _____