Sheridan School District 48J
EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

I agree to have Sheridan School District deposit my net pay each payday directly to my account at the financial institution shown below. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed.

☐ New Direct Deposit Authorization ☐ Replace All Previous Direct Deposit Authorizations

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Account Number for Net Pay (Required): _____

Routing Number: _____

Financial Institution: _____ ☐ Checking ☐ Savings

STAPLE VOID CHECK HERE

**I understand that Sheridan School District may authorize my financial institution to debit my account for any deposits that are not for the correct amount due to me.*

_____ _____
Printed Name Phone Number

_____ _____ _____
Employee's Full Signature Date SSN or Employee ID Number

PAYROLL DEPARTMENT USE ONLY

_____
1 Net Bank Routing (ACH) Number

_____
Bank Account Number

Employee direct deposit information entered into payroll system by _____ Date _____