



School District of Altoona

1903 Bartlett Avenue • Altoona, Wisconsin 54720
715-839-6033 • Fax 715-839-6066 • www.altoona.k12.wi.us

Payroll Direct Deposit Authorization Form

Complete and Return to the Payroll Department

I authorize you and the financial institution named below to automatically deposit my net pay to my account (this includes my authorization to you to reverse any entries made in error). This authority will remain in effect until I give written notice to my payroll department.

Account Type: Checking Account No. _____

Savings Account No. _____

Employee's Name

Financial Institution

Date

Signature

Email address

**ATTACH A BLANK VOIDED CHECK FOR A CHECKING ACCOUNT OR
A SAVINGS DEPOSIT SLIP FOR A SAVINGS ACCOUNT.**

ATTACH VOIDED CHECK OR SAVINGS DEPOSIT SLIP HERE