

DIRECT DEPOSIT ENROLLMENT FORM

Alexandria Public Schools, District #206

DIRECT DEPOSIT ENROLLMENT FORM

ACCOUNT 1

Bank Name: _____

Bank Address: _____

Checking Savings Amount: \$ _____ **OR** _____ %
(circle one)

*ABA#: _____ *Account#: _____

ACCOUNT 2

Bank Name: _____

Bank Address: _____

Checking Savings Amount: \$ _____ **OR** _____ %
(circle one)

*ABA#: _____ *Account#: _____

ACCOUNT 3

Bank Name: _____

Bank Address: _____

Checking Savings Amount: \$ _____ **OR** _____ %
(circle one)

*ABA#: _____ *Account#: _____

ACCOUNT 4

Bank Name: _____

Bank Address: _____

Checking Savings Amount: \$ _____ **OR** _____ %
(circle one)

*ABA#: _____ *Account#: _____

I authorize the direct deposit of my net pay into account(s) indicated above. If my employer deposits funds to my account to which I am not entitled, I authorize my employer to direct the above financial institution(s) to return said funds. The agreement will remain in effect unless I provide written notice to my employer.

Print name: _____

Signature: _____ Date: _____

Return form to Payroll - District Office

*ABA#: the first nine digits of machine-readable type at the bottom of your check or deposit slip.
Account#: the digits of machine-readable type to the right of the ABA#. DO NOT include your check number, which is often between the ABA# and Account#, or after Account#. Please attached a cancelled check from your account (checking) or a copy of your savings account deposit slip (savings) to verify information and reduce chance of errors.