



AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL

EMPLOYEE NUMBER _____

EMPLOYEE NAME: _____

EMPLOYEE ADDRESS: _____

FIRST FINANCIAL INSTITUTION

SECOND FINANCIAL INSTITUTION

BANK NAME: _____

BANK NAME: _____

ROUTING NUMBER: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT NUMBER: _____

AMOUNT: NET PAY _____

AMOUNT: _____

CHECKING

SAVINGS

CHECKING

SAVINGS

THIRD FINANCIAL INSTITUTION

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

AMOUNT: _____

CHECKING

SAVINGS

*****Attach a voided check for a checking account or a preprinted deposit ticket for a savings account.*****

I authorize Troy School District to deposit my payroll electronically into the above account(s) on each scheduled payday. This remains in effect until I have canceled it in writing.

****You must notify Payroll when you make any changes or cancel/close any of your accounts. If you fail to do so this will delay the receipt of your funds.****

Employee signature: _____ Date: _____

REQUEST TO CANCEL DIRECT DEPOSIT OF PAYROLL

Please cancel my direct deposit. Signature: _____ Date: _____