

School District of Lodi

Direct Deposit Authorization Information/Agreement

SET UP: Upon receipt of this form, you will be set up for direct deposit.

CHANGES: To make a change, you must again complete this form.

Employee Name:	Employee Social Security #
Depository (<i>Bank/Credit Union</i>) Name:	
Branch:	Address of Branch:
Transit/ABA # (<i>MUST be verified with the bank!</i>) ABA# _____ <i>(numbers must be verified with the bank....if the number is in error it will delay your setup)</i>	Account Type: (choose one) <input type="checkbox"/> Checking (22) <input type="checkbox"/> Savings (32) Amount per ck \$ _____ <ul style="list-style-type: none"> <i>You may make deposits to both, but must submit separate forms!</i> <i>You may make deposits into more than one savings account, but you must submit a different form for each account.</i>
Account Number (<i>MUST be verified with the bank!</i>)	
<i>I hereby authorize the School District of Lodi to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account/depository indicated above. This authorization is to remain in full force and effect until the School District of Lodi has received written notification from me of its termination in such time and in such manner as to afford the School District of Lodi and DEPOSITORY a one-month opportunity to act on it.</i>	
Employee Signature:	Date:

Please attach a voided check here