



SCHOOL DISTRICT OF LODI

BUSINESS OFFICE

115 School Street, Lodi, WI 53555

(608) 592-3851

DIRECT DEPOSIT AUTHORIZATION

Due Date: None

The Staff Handbook requires that all employees be paid by direct deposit. New hires must complete this form when beginning employment. Current employees who wish to change their deposit information must also complete this form. Deposit changes will take effect within 30 days.

Employee Name	Date of Birth
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1. Select one of the following options:

_____ I would like all of my pay deposited into the Primary Account listed below.

_____ I would like my pay split between accounts as listed below. *Enter a dollar amount for each Secondary Account you include. Whatever is left over will go into the Primary Account.*

2. List a Primary Account and any Secondary Accounts for your pay to be deposited into.

Primary Account	Bank or Credit Union Name	Account Type (Choose One)	
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Number	Account Number		

Secondary Account #1	Bank or Credit Union Name	Account Type (Choose One)	
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Number	Account Number	Amount	\$

Secondary Account #2	Bank or Credit Union Name	Account Type (Choose One)	
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Number	Account Number	Amount	\$

Secondary Account #3	Bank or Credit Union Name	Account Type (Choose One)	
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Number	Account Number	Amount	\$

Secondary Account #4	Bank or Credit Union Name	Account Type (Choose One)	
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Number	Account Number	Amount	\$

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A routing number can be provided by your bank or found on the bottom of a check:



3. If this is a new form, attach a voided check or a copy of the first page of your statement for each account listed on the other side.

If this is an update, you only need to attach voided checks or statements for new accounts that you have not used before.

4. Read and sign the following agreement:

I authorize the School District of Lodi to initiate Automated Clearing House (ACH) deposits into the accounts listed on this form, as well as any ACH withdrawals that may be necessary to correct deposits made in error.

I agree to provide an updated copy of this authorization to the District at least 30 days in advance of any account changes, such as closing an account. If I do not provide an updated copy of this authorization at least 30 days in advance, I understand that my bank or credit union may charge me fees for transaction errors, and I agree to reimburse the District for any fees its bank may charge for a returned ACH transaction.

Employee Signature	Today's Date
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For Business Office use only:

Date Received	Date Entered	Entered By
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