

DIRECT DEPOSIT AUTHORIZATION FORM

LITCHFIELD SCHOOL DISTRICT SAU #27

Employee Name: _____ Employee ID #: _____

ACCOUNT INFORMATION

*****Please attach a copy of a VOIDED check or a letter from your bank on bank letterhead with your account and routing numbers.*****

Bank Name: _____ Checking: _____
Account Number: _____ Savings: _____
Routing Number: _____ Amount of Deposit: _____

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Account Number: _____ Savings: _____
Routing Number: _____ Amount of Deposit: _____

****Electronic Notification of Pay ****

- Employees with a Litchfield School District email address, you will receive your payroll voucher by email.
- Employees of the district who do not have a Litchfield School District email, please provide your email address so we can email your voucher to you.

(Please print email address clearly)

I authorize the Litchfield School District to direct deposit my payroll funds to my account(s) listed above. If funds to which I am **not** entitled are deposited in my account, I authorize the District to initiate a correcting (debit) entry. If any of the above information changes, I will promptly complete a new authorization form. This Authorization will remain in effect until the District receives written notification of a Change/Stop by you or until employment terminates.

Employee Signature: _____ Date: ____/____/____

Payroll vouchers are also available in the Employee Access Center