Direct Deposit Authorization Form

Litchfield School District, SAU#27
1 Highlander Court, Litchfield, NH 03052 (603) 578-3570

EMPLOYEE NAME: _____

LOCATION: _____

DATE: _____

Please attach a copy of a voided check or bank numbers for a savings account for verification purposes.

ACCOUNT INFORMATION

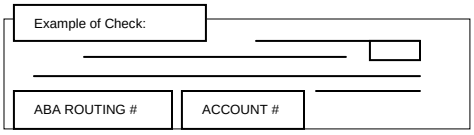
FIRST ACCOUNT: ☐ Checking ☐ Savings Deduction: ☐ Stop ☐ Change

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

ABA ROUTING NUMBER :									

AMOUNT OF DEPOSIT: _____
(Can be an amount or a percentage up to 100%)



SECOND ACCOUNT: ☐ Checking ☐ Savings Deduction: ☐ Stop ☐ Change

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

ABA ROUTING NUMBER :									

AMOUNT OF DEPOSIT: _____Balance of Paycheck_____
(Can be an amount or a percentage up to 100%)

ELECTRONIC NOTIFICATION (open to those with Litchfield SD email addresses only):

We are pleased to offer the eco-friendly option to replace the paper deposit advice with an electronic mailing of your advice to your employee email address. You may set up an auto forward of the email to any address that you choose. Instructions are available by request.

☐ Yes, please sign me up for email delivery of my payroll direct deposit advice.
☐ No, please send me a paper deposit advice.

_____
Employee Signature Date

For office use only:
Employee#: _____
Date Entered: _____
Initials: _____
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