

McHenry Elementary School District 15
Direct Deposit Deduction Enrollment Form
(You must have direct deposit to enroll for this deduction)

I authorize McHenry Elementary School District 15 to deduct a specified *amount* from my payroll check each payday and deposit it directly into the account named below. This authority will remain in force until I have given *written* notice that I have terminated my employment or until the school district notifies me that this deduction deposit service has been eliminated.

Please fill out form completely

Name _____

Social Security Number _____ - _____ - _____

Name of Bank or Financial Institution _____

Bank Address _____

Bank Phone Number _____

Account Type: _____ Checking _____ Savings

Amount to be deducted: _____

Please contact your bank to verify the correct routing and account numbers.

Routing Number _____

Account Number _____

Employee Signature _____

Date _____

Direct deposit deductions will take 2-3 payrolls before they will go into effect.

Please tape a voided check below *if applicable* (not deposit ticket) from the bank account.