

DIRECT DEPOSIT ENROLLMENT FORM

(Please type or print)

Employee Name: _____

Social Security Number: _____

Employee Number: _____

Primary Banking information (required):

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____

Routing #: _____ Account #: _____

Checking Savings

Secondary Banking Information (optional):

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____

Routing #: _____ Account #: _____

Amount per Payroll for secondary account \$ _____ (must be dollar amount)

Checking Savings

On _____ (Date), I _____ (Employee's Signature)
hereby authorize the Ashland Independent School District, to initiate credit entries and to
initiate, if necessary, debit entries and adjustment for any credit entries in error to my
account.

ATTACH VOIDED CHECK(S) HERE

Central Office Use Only

MUNIS Updated

Date: ___/___/___ By: _____