

Jon C. Detwiler
Superintendent

Ira D. Hamman
Treasurer

DIRECT DEPOSIT AUTHORIZATION FORM

Name: _____

Telephone: _____

E-mail Address(s): _____

**Can give up to two (2) email addresses, with one (1) being your district account.

BANK INFORMATION (please check one): New or Change

CHECKING

SAVINGS

Bank 1 Name: _____

Please attach a voided check for Checking

*If Savings account please provide: ABA# _____ Account #: _____

Optional – Additional amount to Checking/Savings:

BANK INFORMATION (please check one): CHECKING or SAVINGS

Bank 2 Name: _____

Dollar amount per pay: _____

Please attach a voided check for Checking

*If Savings account please provide: ABA# _____ Account #: _____

- If I am changing accounts, amounts, or banks, I agree to notify in writing any of these changes to the Payroll department in such time and in such manner to give Fremont City Schools reasonable opportunity to act on the change(s).
- If I am closing my current account, I agree not to close the account until a subsequent payroll is credited to my new account.

Employee Signature

Date

KRW080118