

SOUTH BEND COMMUNITY SCHOOL CORP.
Direct Deposit Authorization Form

Name _____

Employee Number (if applicable) _____

Address _____

Phone # _____

Social Security # _____

I hereby authorize SBCSC to deposit my pay automatically to the accounts listed below. Adjusting entries to correct errors are also authorized. This authority will remain in effect until I have cancelled it in writing.

Institution _____

Transit/ABA Routing # _____

Account # _____

Deposit to (choose one):

Savings _____ Checking _____

Net _____ Amount \$ _____

Institution _____

Transit/ABA Routing # _____

Account # _____

Deposit to (choose one):

Savings _____ Checking _____

Net _____ Amount \$ _____

Please attach a voided check to this authorization.

Signature

Date