Chippewa Valley Schools Payroll Department You must complete this form for Payroll Direct Deposit to receive pay. DIRECT DEPOSIT EMPLOYEE AUTHORIZATION

Rev. 2/2010

For account verification please return this completed form to the Payroll Office along with the following:

For a checking account we need a blank "voided" check.

Employee ID Number

For a savings account we need verification from your financial institution(i.e. bank stamp on this form or a letter showing routing & account number information).

routing & account number information).		
Account # 1	_	_
Initial Enrollment	Change	Cancellation
Amount		inancial Institution Name
Amount		Financial Institution Name
TRANSIT ROUTING NUMBER	Checking	Savings ACCOUNT NUMBER
Account # 2		
Initial Enrollment	Change	Cancellation
Amount		Financial Institution Name
/ unount	Checking	Savings
TRANSIT ROUTING NUMBER	Oncoking	ACCOUNT NUMBER
Account # 3	Changa	Cancellation
Initial Enrollment	Change	Cancellation
Amount	F	Financial Institution Name
	Checking	Savings
TRANSIT ROUTING NUMBER	Checking	Savings ACCOUNT NUMBER
TRANSIT ROUTING NUMBER	Checking	
	Checking	
Account # 4		ACCOUNT NUMBER
	Checking Change	
Account # 4	Change	ACCOUNT NUMBER
Account # 4 Initial Enrollment Amount	Change	ACCOUNT NUMBER Cancellation Cancellation Name Savings
Account # 4 Initial Enrollment	Change	ACCOUNT NUMBER Cancellation Financial Institution Name
Account # 4 Initial Enrollment Amount	Change	ACCOUNT NUMBER Cancellation Cancellation Name Savings
Account # 4 Initial Enrollment Amount	Change	ACCOUNT NUMBER Cancellation Cancellation Name Savings
Account # 4 Initial Enrollment Amount TRANSIT ROUTING NUMBER	Change Checking	ACCOUNT NUMBER Cancellation Cancellation Name Savings
Account # 4 Initial Enrollment TRANSIT ROUTING NUMBER I authorize Chippewa Valley Schoo above each pay period. This authorise	Change Checking Sto deposit pay automatically to trization will also allow Chippewa V	Cancellation Gancial Institution Name Savings ACCOUNT NUMBER he designated financial institution and account/s listed alley Schools to make adjustments to correct errors. I
Account # 4 Initial Enrollment TRANSIT ROUTING NUMBER I authorize Chippewa Valley Schoo above each pay period. This author understand that I am responsible for	Change Checking Is to deposit pay automatically to trization will also allow Chippewa Vor all costs incurred for posting to a	Cancellation Gancial Institution Name Savings ACCOUNT NUMBER he designated financial institution and account/s listed
Account # 4 Initial Enrollment TRANSIT ROUTING NUMBER I authorize Chippewa Valley Schoo above each pay period. This author understand that I am responsible for	Change Checking S to deposit pay automatically to trization will also allow Chippewa Vor all costs incurred for posting to a which I provided to Chippewa Val	Cancellation Gancial Institution Name Savings ACCOUNT NUMBER He designated financial institution and account/s listed alley Schools to make adjustments to correct errors. I a closed account, bounced checks, etc. related to ley Schools. I also understand that the
Account # 4 Initial Enrollment TRANSIT ROUTING NUMBER I authorize Chippewa Valley Schoo above each pay period. This author understand that I am responsible for wrong account number information enrollment/change authorization tal	Change Checking S to deposit pay automatically to trization will also allow Chippewa Vor all costs incurred for posting to a which I provided to Chippewa Val	Cancellation Gancial Institution Name Savings ACCOUNT NUMBER He designated financial institution and account/s listed alley Schools to make adjustments to correct errors. I a closed account, bounced checks, etc. related to ley Schools. I also understand that the

Please Print Employee Name