

GREEN CITY R-1 SCHOOL DISTRICT DIRECT DEPOSIT FORM

NAME: _____
(AS APPEARS ON ACCOUNT)

BANK NAME: _____
(FULL BANK NAME – NO ABBREVIATIONS)

BANK ADDRESS: _____

TYPE OF ACCOUNT: _____
PLEASE CIRCLE (ONLY ONE)
CHECKING SAVINGS

ACCOUNT NUMBER: _____

ROUTING NUMBER: _____

Deposit Amount \$: _____ or Entire check amount if one account

TYPE OF ACCOUNT: _____
PLEASE CIRCLE (ONLY ONE)
CHECKING SAVINGS

ACCOUNT NUMBER: _____

ROUTING NUMBER: _____

Remainder of check will be deposited into 2nd account listed.

*****PLEASE ATTACH (STAPLE) A VOIDED CHECK BELOW*****

EFFECTIVE DATE (IF CHANGING BANK): _____

I CERTIFY THAT ALL BANKING INFORMATION LISTED ABOVE IS ACCURATE AND TO BE USED ONLY FOR MONTHLY PAYROLL DIRECT DEPOSITS AT GREEN CITY R-1. I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE BOOKKEEPER AT LEAST 15 DAYS PRIOR TO PAYDAY OF ANY BANKING CHANGES.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY DATE REC'D: _____