

Logan-Rogersville R-VIII School District
DIRECT DEPOSIT

The authorization form below gives your company and your financial institution the authority to deposit your pay to your account. Simply complete the form to take advantage of Direct Deposit.

1. Fill in your name, name and location of your financial institution, and the date.
2. **Attach a voided check** for verification of all financial institution information.
3. Be sure to sign the form.



EMPLOYEE AUTHORIZATION

Please fill out and return to the Payroll Department.

I authorize you and the financial institution listed below to deposit my payroll earnings to my checking or savings account each payday. This authority will remain in effect until I cancel in writing.

Checking Account

Savings Account

Financial Institution

Date

Branch

Name (Please Print)

City, State

Signature

Transit/Routing (ABA #-9 digits)

Account Number