



SALEM CITY SCHOOLS ~ DIRECT DEPOSIT FORM

Employees will be paid once a month by direct deposit only. When starting OR changing your direct deposit information, you will receive at least one paper check before your account is active. Changes to your direct deposit account must be made by the 10th of the month that you want it to occur.

Name: _____

Employee ID #: _____

SSN: _____

Phone #: _____

Email: _____

Effective Date: _____

Please indicate which of the following applies: NEW DIRECT DEPOSIT CHANGE DIRECT DEPOSIT

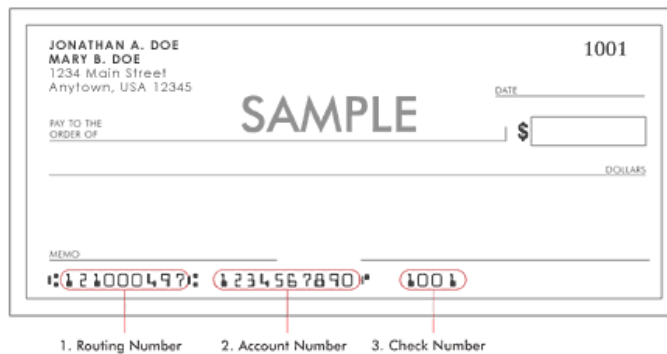
You may enter more than one account for your pay to be distributed to. **Please attach a voided check for each direct deposit account listed.**

Financial Institution: _____

CHECKING SAVINGS

Routing #: _____ Account #: _____

Direct Deposit Amount: _____ (dollars) _____ (percent)



NOTE: If the above amount is less than 100%, complete section on back for the remaining funds.

I hereby authorize the City of Salem Schools to direct deposit my pay check to the aforementioned Financial Institution(s) as indicated and in accordance with the attached voided check(s).

Employee Signature

Date

Remaining funds are to be distributed as noted below:

Financial Institution: _____



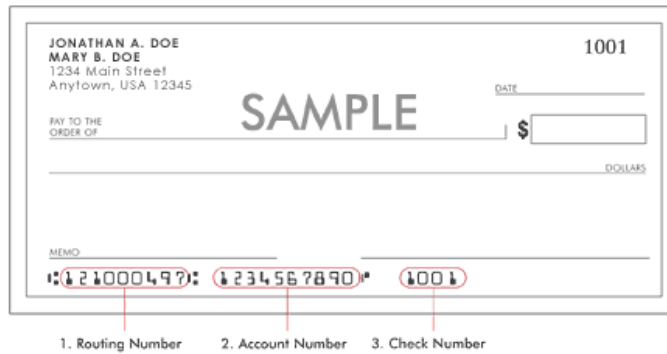
CHECKING



SAVINGS

Routing #: _____ Account #: _____

Direct Deposit Amount: _____ (dollars) _____ (percent)



Financial Institution: _____



CHECKING



SAVINGS

Routing #: _____ Account #: _____

Direct Deposit Amount: _____ (dollars) _____ (percent)

