Cabot School District
Payroll Direct Deposit Authorization Form

I hereby authorize Cabot School District to initiate entries to my checking/savings accounts at the financial institution listed below. The authority will remain in effect until Cabot School is notified by me in writing to cancel.

Employees may choose to deposit a set amount into a checking or savings account and deposit the remainder of the check into another account or deposit all into one account.

_____ _____

Employee's Name: (please print) Social Security Number:

_____ Direct Deposit
_____ Change Banking Information
_____ Discontinue Direct Deposit

Name of Financial Institution: _____
Set Amount: _____ Account #: _____
Checking or Savings (Circle one)

Name of Financial Institution: _____
Remainder of Deposit: _____ Account#: _____
Checking or Savings (Circle one)

_____ _____

Signature: Date:

A VOIDED CHECK OR AN AUTHORIZATION FOR DIRECT DEPOSIT FORM MUST BE ATTACHED