

EAST ALLEN COUNTY SCHOOLS
DIRECT DEPOSIT ENROLLMENT FORM

NAME _____
(Last, First, Middle)

SOCIAL SECURITY NO. _____

BUILDING _____

I hereby authorize East Allen County Schools to deposit my net pay each payday to my account at the following depository.

NAME OF DEPOSITORY _____

CHECK ONE: _____ SAVINGS _____ CHECKING

ACCOUNT NUMBER _____

This authority is to remain in full force and effect until East Allen County Schools has received written notification from me of its termination in such time and in such manner as to afford East Allen County Schools a reasonable opportunity to act on it.

DATE _____ SIGNATURE _____

**A DEPOSIT SLIP MUST BE ATTACHED
RETURN TO THE PAYROLL OFFICE**