

SHELBYVILLE CENTRAL SCHOOLS

DIRECT DEPOSIT AUTHORIZATION

I, _____, the undersigned, do hereby authorize Shelbyville Central Schools to directly deposit my net paycheck into the account(s) at the bank(s) listed below. This agreement will stay in effect until I either terminate employment with Shelbyville Central Schools or I submit another authorization form with changes to be made.

Signature

Date

<u>Bank Name</u>	<u>Account Number</u>	<u>Amount,</u> <u>if not net pay</u>
_____	_____	net amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: PLEASE ATTACH A VOIDED CHECK OR A COPY OF A CHECK (NOT A DEPOSIT SLIP) TO VERIFY THE ACCURACY OF YOUR ACCOUNT INFORMATION AND THE BANK ROUTING NUMBER.