

Rogers City Area Schools

**DIRECT DEPOSIT FORM**

Employee Name: \_\_\_\_\_

Please complete the information below and return to Robin Hughes-Griwatsch.

- I authorize Rogers City Area Schools to initiate electronic credit entries each pay period, and if necessary, debit entries and adjustments for any credit entries in error.
- I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date: \_\_\_\_\_

**Account 1 percent** \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Checking account     Savings account

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

City and State: \_\_\_\_\_

**Account 2 percent** \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Checking account     Savings account

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

City and State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_