

PLEASE ATTACH A VOIDED CHECK HERE – THANK YOU!

Weld County School District RE-5J

Direct Deposit Authorization Sheet

Depositor Information:

Employee Name: _____

Social Security Number: _____

Address: _____

Telephone Number: _____

Depository Information:

Name of your banking institution: _____

Mailing Address: _____

ABA or ROUTING NUMBER: _____

Name listed on Deposit Account: _____

Type of Account: (please circle one): CHECKING SAVINGS

Account Number (per deposit slip / check): _____

I hereby authorize Weld County School District, hereinafter called "Company", to initiate credit entries to my account indicated above and to credit the same to such account. This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it. I understand that I am responsible for notification to the Company, in writing, of any changes in my Depository information.

Date: _____

Employee Signature: _____