

# DIRECT DEPOSIT REQUEST FORM

I \_\_\_\_\_ authorize Franklinville  
(print name)

Central School District to electronically deposit the total amount indicated below from my pay, each payroll period, to my account(s) as follows:

(Circle One)

New

or

Change

or

Stop

Bank Name: \_\_\_\_\_

Checking  or Savings

Routing/ ABA Number: \_\_\_\_\_

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

Net  or Fixed Amount \$ \_\_\_\_\_

(Circle One)

New

or

Change

or

Stop

Bank Name \_\_\_\_\_

Checking  or Savings

Routing/ ABA Number: \_\_\_\_\_

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

Net  or Fixed Amount \$ \_\_\_\_\_

Signature (Required): \_\_\_\_\_

Effective Date \_\_\_\_\_

Staple a voided check or deposit ticket to this completed form and return to the payroll department located in the district office.