

**Sheridan School District 48J**  
**EMPLOYEE DIRECT DEPOSIT AUTHORIZATION**

I agree to have Sheridan School District deposit my net pay each payday directly to my account at the financial institution shown below. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed.

New Direct Deposit Authorization

Replace All Previous Direct Deposit Authorizations

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Account Number for Net Pay (Required): \_\_\_\_\_

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

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

Checking

Savings

S  
T  
A  
P  
L  
E  
  
V  
O  
I  
D  
  
C  
H  
E  
C  
K  
  
H  
E  
R  
E

*\*I understand that Sheridan School District may authorize my financial institution to debit my account for any deposits that are not for the correct amount due to me.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Employee's Full Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SSN or Employee ID Number

**PAYROLL DEPARTMENT USE ONLY**

\_\_\_\_\_  
# 1 Net Bank Routing (ACH) Number

\_\_\_\_\_  
Bank Account Number

Employee direct deposit information entered into payroll system by \_\_\_\_\_ Date \_\_\_\_\_