



Direct Deposit Authorization Form

Please check the appropriate box and complete:

- A new account (A through E below)
- Canceling Account (item C below) Payroll must cancel direct deposit BEFORE you cancel account.
- Direct deposit already set up, changing dollar amount only (C through E below).
- A new account to replace an existing direct deposit (A through E below).

Account # you are replacing (REQUIRED): _____

A. Bank Name: _____

B. Bank Transit Routing Number: (9 digits)

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C. Bank Account Number:

- Checking
- Savings

D. Full Deposit Partial Deposit (amount per pay period) \$ _____

****Please return to the Payroll Dept., MUST provide a voided check for checking, or a deposit slip for savings accounts****

E. I authorize Lincoln-Sudbury Regional High School and the bank listed above to deposit my net pay or portion thereof as indicated into my account each pay date.

➡ If funds to which I am not entitled are deposited into my account, I authorize LSRHS to direct the bank to return said funds to LSRHS.

➡ I understand that my deposit may not be credited to my account until 5:00 PM on the pay date indicated on the check voucher.

➡ Employee Name (Print): _____

Employee Signature: _____

Social Security Number: _____

Date: _____

Please fill out a separate Direct Deposit Authorization Form for each direct deposit you would like to set up.

Note: