DASD PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Please forward the completed form to:
DeForest Area School District Office
Attn: Payroll
520 E. Holum St.
DeForest, WI 53532

I authorize DeForest Area School District and the Financial Institution listed below to initiate deposits of funds to which I am entitled electronically to my account. If funds to which I am not entitled are deposited to my account, I authorize my employer to initiate a correcting (debit) entry.

This authorization will remain in effect until I cancel it in writing. If any of the information changes, I will promptly complete a new authorization and return it to the payroll office.

Employee's Last Name (Please Print)	First Name	MI

☐ Original Authorization ☐ Authorization Change

1. Name, City and State of Financial Institution _____

Financial Institution Transit Number _____
(Verify number with Financial Institution)

Account Number _____ ☐ Checking ☐ Savings
(Verify number with Financial Institution)

☐ Net Pay or Amount $_____

2. Name, City and State of Financial Institution _____

Financial Institution Transit Number _____
(Verify number with Financial Institution)

Account Number _____ ☐ Checking ☐ Savings
(Verify number with Financial Institution)

☐ Net Pay or Amount $_____

_____ _____
Employee Signature Date

Do not write below this line – to be completed by Payroll

A prenote will be sent to the bank on _____ and you will receive a check on this date.
(Date)

If there are no problems with the prenote, the Direct Deposit will be effective on _____
(Date)

_____ _____ _____
Payroll Clerk Phone Number Date