

Account Type:

## School District of Altoona

1903 Bartlett Avenue Altoona, WI 54720 715-839-6032 715-839-6066 FAX

Greg Fahrman, Superintendent

www.altoona.k12.wi.us

## **Payroll Direct Deposit Authorization Form**

Complete and Return to the Payroll Department

I authorize you and the financial institution named below to automatically deposit my net pay to my account (this includes my authorization to you to reverse any entries made in error). This authority will remain in effect until I give written notice to my payroll department.

Checking Account No.\_\_\_\_\_

|                 | Savings Account No.   |  |
|-----------------|-----------------------|--|
| Employee's Name |                       | Financial Institution  |
| Signature       |                       | Location   |
| Date            |                       | City   |
|                 |                       | HECK FOR A CHECKING ACCOUNT OR<br>LIP FOR A SAVINGS ACCOUNT. |
|                 | ATTACH VOIDED CHECK ( | OR SAVINGS DEPOSIT SLIP HERE                                 |