

Cabot School District
Payroll Direct Deposit Authorization Form

I hereby authorize Cabot School District to initiate entries to my checking/savings accounts at the financial institution listed below. The authority will remain in effect until Cabot School is notified by me in writing to cancel.

Employees may choose to deposit a set amount into a checking or savings account and deposit the remainder of the check into another account or deposit all into one account.

Employee's Name (please print) _____ Social Security Number _____

Direct Deposit
 Change Banking Information
 Discontinue Direct Deposit

Name of Financial Institution _____

Set Amount: _____ Account #: _____
Checking or Savings (Circle one)

Name of Financial Institution _____

Remainder of Deposit: _____ Account #: _____
Checking or Savings (Circle one)

Signature _____

Date _____

*****VOIDED CHECK MUST BE ATTACHED*****