

**BANK DIRECT DEPOSIT ENROLLMENT FORM**

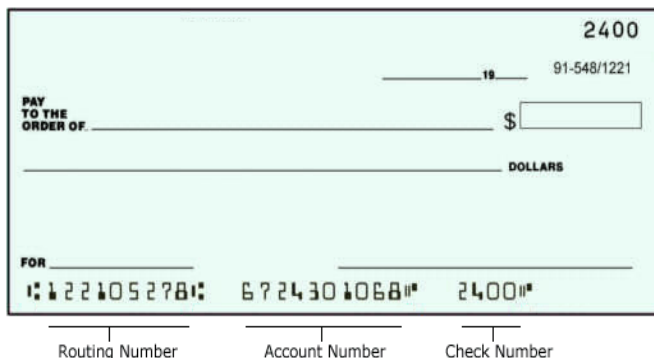
Complete and sign this form to initialize or change a direct deposit to your account.  
Return the signed form to the Business Office - Attn: Vicki Hayduke.

Establish Direct Deposit       Change my existing Direct Deposit

Employee Name \_\_\_\_\_

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_



Account Type:     Checking                       Savings

\$ \_\_\_\_\_ or                      \$ \_\_\_\_\_ or

Net Pay                               Net Pay

I authorize the Solvay Union Free School District to make deposits directly to my account indicated above, and authorize bank to accept such deposits.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_