Check one	of the foll	lowing:	Effective Date:					
☐ Start	□ Stop	☐ Change	☐ As So	oon As Poss	ible [☐ Future F	Pay Date/_	/
Name			•			Social S	ecurity Number	
Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)							Type of Accou	unt
							☐ Checking	☐ Savings
Transit Rou	ıting Num	ber (Must be	0 digits)			Account Number		
Transit Rou	iting Num	ber (Must be	9 digits)			Account I	Number	

Date (Mo/Day/Yr) Employee Signature Telephone Number

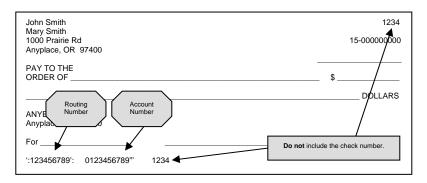
Home Address (City, State, Zip Code)

stopped before closing an account, funds payable to me will be returned to the District for distribution. This will delay my

- Verify with your financial institution on your pay date that your direct deposit has gone into effect the deposit amount will appear as the final deduction on your pay stub with the name of your financial institution.
- Please allow up to 2 weeks for processing this request. Starting or changing a direct deposit requires a pre-note to
 your financial institution. Your direct deposit may not be effective until your second payment after submitting
 this request.

If you select to have your payment sent to your:

- Checking account: Attach a voided check or deposit slip to the bottom of this form.
- Savings account: Attach a deposit slip to the bottom of this form.



check.