

Kingsway Regional School District

DIRECT DEPOSIT AUTHORIZATION

DATE: _____ DATE OF BIRTH: _____

NAME: _____
Last First M

ADDRESS: _____
Street City State Zip Code

BANK NAME: _____

BANK ABA CODE: _____
(A 9 Digit Number on Bottom of Check)

ACCOUNT NO.: _____ *Checking Savings*
Balance of Check will be Deposited into this Account

PLEASE ATTACH A VOIDED CHECK OR BANK CONFIRMATION FOR ALL ACCOUNTS YOU WISH TO USE!

BANK NAME: _____

BANK ABA CODE: _____
(A 9 Digit Number on Bottom of Check)

ACCOUNT NO.: _____ *Checking Savings*
Balance of Check will be Deposited into this Account

Amount to Deposit in Account: \$ _____

Date Employee Signature

General Information:

- When deposits are made in two accounts your net check will be zero.
- It is the Employee's responsibility to insure adequate funds are available in their account to cover all withdrawals.