

SCHOOL ADMINISTRATIVE UNIT NO. 14
SERVING THE EPPING SCHOOL DISTRICT

REQUEST FOR DIRECT DEPOSIT

PLEASE COMPLETE THIS FORM, ATTACH A VOIDED CHECK, AND RETURN TO PAYROLL, SAU NO. 14. FOR PROMPT SERVICE, PLEASE RETURN FORM 2 WEEKS PRIOR TO PAYROLL DATE.

I AM REQUESTING DIRECT DEPOSIT OF MY PAY AND AUTHORIZING SAU NO. 14 TO DO SO ACCORDING TO THIS DIRECTIVE.

EMPLOYEE NAME: _____

I. FINANCIAL INSTITUTION: _____

ROUTING NUMBER: _____

CHECKING ACCOUNT NO. _____ AMOUNT \$ _____

SAVINGS ACCOUNT NO. _____ AMOUNT _____

II. FINANCIAL INSTITUTION: _____

ROUTING NUMBER: _____

CHECKING ACCOUNT NO. _____ AMOUNT _____

SAVINGS ACCOUNT NO. _____ AMOUNT _____

EMPLOYEE SIGNATURE: _____

DATE: _____