

LACONIA SCHOOL DISTRICT DIRECT DEPOSIT REQUEST

I hereby authorize Laconia School District to initiate credit entries and to also initiate, if necessary, debit entries and make adjustments for any credit entry in error to my account indicated below. This authorization is to remain in full force and effect until Laconia School District has received written notification from me of its termination in such time and such manner as to afford Laconia School a reasonable opportunity to act on it.

BANK/INSTITUTION INFORMATION

Name: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Bank/Institution Name: _____

Bank/Institution Routing Transit Number: ____ ____ ____ ____ ____ ____ ____ ____

Account Number: _____ Savings/Checking (please circle one)

Full Deposit: _____ E-Mail Address: _____

Partial Deposit: _____ Amount: _____

TAPE VOIDED CHECK OR DEPOSIT TICKET HERE

PLEASE CHECK ONE

_____ New direct deposit

_____ Change existing direct deposit

_____ Cancel/Stop direct deposit program

*****Note: Activation of direct deposit will take two (2) pay periods.
Direct Deposit Advice Slip will be e-mailed*****

Employee Signature _____ Date: _____

*****SAU Use only*****

Data Setup By: _____ Date: _____