

Le Mars Community School District
940 Lincoln Str SE
Le Mars, IA 51031

EMPLOYEE AUTHORIZATION FORM FOR DIRECT DEPOSIT

I, _____, hereby requests and authorizes Le Mars Community School District to direct deposit the entire amount of my paycheck each pay period to the bank account(s) below:

1. Full Legal Name on account: _____
Bank Name/Branch: _____
 Balance or \$ _____ Bank routing number: _____ Account Number: _____
 Checking Account Savings Account

2. Full Legal Name on account: _____
Bank Name/Branch: _____
 Balance or \$ _____ Bank routing number: _____ Account Number: _____
 Checking Account Savings Account

3. Full Legal Name on account: _____
Bank Name/Branch: _____
 Balance or \$ _____ Bank routing number: _____ Account Number: _____
 Checking Account Savings Account

Attach a voided check or deposit slip for verification of bank routing number and bank account number.

In order to be more cost efficient, you can have your direct deposit slip emailed to your email address; therefore, avoiding the expense of envelopes. The school maintains a copy of the direct deposit slip in case you should misplace your copy.

____ Yes, I would like to have my direct deposit slip emailed to my email address below:

Email address

Signature

Date