



**EDWARDSVILLE  
COMMUNITY UNIT  
DISTRICT 7  
SCHOOLS**

708 Saint Louis Street • P O Box 250  
Edwardsville, Illinois 62025  
Telephone: (618) 656-1182  
FAX: (618) 692-7423  
www.ecusd7.org

**DIRECT DEPOSIT OF PAYROLL AUTHORIZATION FORM**

Name \_\_\_\_\_  
                     Last                                      First                                      Middle Initial                                      Department                                      Social Security #

**CHECK APPLICABLE BOX**

- NEW ENROLLMENT  
Complete and sign this form. Attach a voided check for each account or a deposit slip if account does not use checks.
- CHANGE OF ACCOUNT AND/OR FINANCIAL INSTITUTION  
Complete and sign this form. Attach a voided check for new checking account or deposit slip for new savings account.
- CANCEL PARTICIPATION  
Sign Form

**CHECK APPLICABLE BOX**

- Checking                                       Savings                                       Credit Union

Financial Institution \_\_\_\_\_

City and State \_\_\_\_\_

Account # \_\_\_\_\_

(If using a Credit Union, please verify your account number with your Credit Union.)

**AUTHORIZATION STATEMENT**

I hereby authorize Edwardsville CUSD #7 and the Financial Institution listed above to deposit my pay electronically to my account each payday. If funds to which I am not entitled are deposited to my account I authorize Edwardsville CUSD #7 to direct the Financial Institution to return said funds. This authority will remain in effect until I have signed a new authorization, or upon termination of employment.

ATTACH VOIDED CHECK HERE

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**RETURN COMPLETED FORM TO PAYROLL OFFICE**