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 Building 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

ATTACH VOIDED CHECK OR A BANK DIRECT DEPOSIT ENROLLMENT FORM

Financial Institution _____

City and State _____

Account # _____

Routing # _____

(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.

_____ _____
Employee Signature Date

RETURN COMPLETED FORM TO PAYROLL OFFICE

H:\WLinda E\Business Dept\Forms\Direct Deposit Authorization Form.doc