



General McLane School District

Direct Deposit Authorization Form

Name (please print): _____

I request that my net pay be deposited to:

Bank Name: _____

Bank Routing #: _____

Account #: _____

Account Type: Checking Savings

I request that a fixed amount be deposited to:

Bank Name: _____

Bank Routing #: _____

Account #: _____

Account Type: Checking Savings

In the amount of \$ _____

I request that a second fixed amount be deposited to:

Bank Name: _____

Bank Routing #: _____

Account #: _____

Account Type: Checking Savings

In the amount of \$ _____

This authorization is to remain in effect until my Employer has received written notification from me of its termination.
I have attached a voided check for verification purposes of my checking account number.

Signature: _____

Date: _____