

**FOUKE SCHOOL DISTRICT  
DIRECT DEPOSIT**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

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

Location of Financial Institution \_\_\_\_\_  
City State

Your Financial Institution's ABA Number \_\_\_\_\_  
(9 Digit Number)

( ) Checking Account Number \_\_\_\_\_

\*\* If a portion of the net pay is deposited to a savings account, the remainder is deposited to the checking account number noted here.

( ) Savings Account Number \_\_\_\_\_

Amount to be deposited to savings \_\_\_\_\_

\*\*\*\*\*PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP BELOW\*\*\*\*\*

**STATEMENT (Please Read)**

I hereby authorize and request Fouke School District to have my salary deposited to my checking or savings account as indicated above. I authorize and request my financial institution to credit the same to my account. I also authorize Fouke School District to initiate debit entries to my account, should such entries be necessary to correct incorrect credit entries.

**This authority is to remain in full force and effect until Fouke School District has received written notification from me of its cancellation. I may give such cancellation notice at any time, but I must allow Fouke Schools a reasonable time after receipt to act upon it. While you may cancel at any time you cannot participate in Direct Deposit at another institution until the next school year.**

It will be my responsibility to notify Fouke School District in writing of any change in my account status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OFFICE USE: \_\_\_\_\_

Bank # \_\_\_\_\_

Transaction Code # \_\_\_\_\_ Date \_\_\_\_\_ Payroll \_\_\_\_\_

Transaction Code # \_\_\_\_\_ Date \_\_\_\_\_ Payroll \_\_\_\_\_