



CLARKSVILLE COMMUNITY SCHOOLS

Office of the Superintendent • 200 Ettel Lane • Clarksville, IN 47129-1898
 (812) 282-7753 • FAX (812) 282-7754

Direct Deposit Authorization Form

____ New ____ Change ____ Cancel **

(Check one box above and complete the entire form)

**Cancel Due to Termination of Employment Only

Last Name		First Name		M.I.
Bank Name	Routing Number Must be 9 digits in length	Account Number	Account Type	Dollar Amount
1.Primary			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Remaining Net Pay
2.Optional			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

SAMPLE

Your Name _____ 1001
 Your Address _____
 DATE _____
 PAY TO THE ORDER OF _____ \$ _____
 _____ DOLLARS
 Your Bank Name _____
 MEMO _____
 ⑆ 123456789 ⑆ 0000987654321 ⑆ 1001
 9 Digit Routing Number Your Account Number Check Number

I hereby authorize the electronic funds transfer of my payroll wage deposit from Clarksville Community School Corporation to the bank and account designated above. The Clarksville Community School Corporation is also authorized to initiate any correcting entries (debit or credit), if necessary. This authorization shall remain in effect until revoked by me in writing to payroll of Clarksville Community School Corporation.

Employee Signature **Date**

A voided check or written verification from your banking institution is mandatory for each account that you wish to use.

Office Use Only: Prenoted _____ Deposited _____