



CLARKSVILLE COMMUNITY SCHOOLS

Office of the Superintendent • 502 Little League Blvd. • Clarksville, IN 47129
(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
Your Address
1001
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 _____

Our Mission - Grow students who demonstrate integrity and are prepared for their future!