

CALHOUN CUSD 40
DIRECT DEPOSIT ENROLLMENT

Employee Name: _____

Please attach a copy of a check, deposit slip, or top of a statement in order to verify account numbers

1st Bank:

Bank Name: _____

Routing #: _____

Account #: _____

Please Circle: Checking or Savings

Amount: Total Net Amount or _____% or Dollar Amount \$ _____

Additional Banks:

2nd Bank Name: _____

Routing #: _____

Account #: _____

Please Circle: Checking or Savings

Amount: Total Net Amount or _____% or Dollar Amount \$ _____

3rd Bank Name: _____

Routing #: _____

Account #: _____

Please Circle: Checking or Savings

Amount: Total Net Amount or _____% or Dollar Amount \$ _____

* If additional banks/accounts are needed, please attach another form

Signature: _____

Date: _____