

PAXTON-BUCKLEY-LODA COMMUNITY UNIT SCHOOL DISTRICT NO. 10

PAYROLL DIRECT DEPOSIT FORM

DATE: _____

EMPLOYEE NAME: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

BANK ABA ROUTING NUMBER: _____

PERCENTAGE OF CHECK TO
THIS ACCOUNT: _____

TYPE OF ACCOUNT: _____ CHECKING _____ SAVINGS

Employee Signature

***** NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM!!! *****