

Please Print

RED ROCK ELEMENTARY SCHOOL DISTRICT NO. 5 DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Red Rock Elementary School District to: To deposit ALL my wages in the following account beginning the effective date requested or the first payday after receipt of this authorization. This authorization will continue in effect until revoked or revised by me in writing.

1 tease 1 titt				
Name of Employee:				
Effective Date of Change:				
Enrollment Status:		Begin	Change	Cancel
Name of Bank/ Credit Union:				
Account Information:	D 4: N 1			
	Routing Number	ſ:		
	Account Numbe	r:		
I have attached a VOIDE	D check with my re	-	nte:	
Signature of Employee				
For Official Use Only:				
Employee:			. 1.	
		Date Receive	ea:	
Branch:		Date Receive Pay Period:	ed:	

Red Rock Elementary School District