

Change in Direct Deposit Form

Please print, complete, and forward to the Superintendent's Office-- signature is required.

NAME: _____

EMAIL ADDRESS: _____

NOTE: ALL CHANGED DIRECT DEPOSITS WILL BE PROCESSED AS A PAPER CHECK FOR THE FIRST PAYROLL. ONCE THE PROCESS IS COMPLETE, YOU WILL RECEIVE YOUR FUTURE PAY STUBS VIA EMAIL.

DO YOU WISH TO HAVE YOUR FIRST PAYCHECK MAILED, SENT INTEROFFICE OR WILL YOU PICK UP AT CENTRAL OFFICE? (CHECK ONE)

☐MAIL CHECK ☐SEND INTEROFFICE ☐PICK UP AT CENTRAL OFFICE

I hereby authorize Lisbon School Department, hereinafter called Company, to make payment of any Net Pay owing me for Direct Deposit of Payroll to the Bank indicated below, herein after called Bank, and authorize Bank to credit such amounts to my checking and/or savings accounts. I also hereby authorize Company to generate debit transactions in the event of an overpayment or payment in error.

This authorization is to remain in full force and effective until Company has received written notification from me of it's termination in such time and manner as to afford Company and Bank a reasonable opportunity to act on it.

Signature: _____ Date: _____

CURRENT ACCOUNT

Bank _____

Routing Number _____

Account # _____

Amount _____ Fixed (\$ _____)

_____ Balance

Type of Account _____ Checking

_____ Savings

**CHANGE
TO**

NEW ACCOUNT

Bank _____

Routing Number _____

Account # _____

Amount _____ Fixed (\$ _____)

_____ Balance

Type of Account _____ Checking

_____ Savings

**CHANGE
TO**

Bank _____

Routing Number _____

Account # _____

Amount _____ Fixed (\$ _____)

_____ Balance

Type of Account _____ Checking

_____ Savings

Bank _____

Routing Number _____

Account # _____

Amount _____ Fixed (\$ _____)

_____ Balance

Type of Account _____ Checking

_____ Savings

**PLEASE ATTACH VOIDED CHECK OR
ACCOUNT INFORMATION SUPPLIED
BY FINANCIAL INSTITUTION**