



Direct Deposit Form

Please fill out the below form and **attach a voided check**. Deposit tickets will not be accepted. If you should change banks or bank account numbers, we must be notified immediately. If you have any questions or concerns, please feel free to call the Payroll Department at 374-3509.

Name: _____

I hereby authorize Hanover Community School Corporation to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entities in error to my

_____ Checking _____ Savings

account(s) indicated below and to the bank named to credit and/or debit the same to my account.

Bank: _____ **City, State:** _____

Account Number: _____

Please designate below, including an amount, if this form is for a separate deduction:

Bank: _____ **City, State:** _____

Account Number: _____ **Dollar Amount:** _____

This authority is to remain in full force and effect until Hanover Community School Corporation has received written notification from me of its termination in such time and such manner as to afford Hanover Community School Corporation and the Bank to a reasonable opportunity to act on it.

Signed: _____ **Date:** _____

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**	Attach Voided Check	**
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