

**PAY CHECK
ELECTRONIC FUND TRANSFER
AUTHORIZATION**

TO: Keene ISD Employer

I authorize my employer named above to deposit my net paycheck to my bank as listed below:

BANK NAME

ADDRESS

CITY, STATE, ZIP

BANK TELEPHONE NO.

EMPLOYEE NAME

SOCIAL SECURITY NUMBER

Checking _____

Account No.

or

Savings _____

Account No.

BANK ROUTING NUMBER

CAMPUS

I understand that my employer will need sufficient time prior to payday in order to establish this electronic fund transfer. I will be notified when my paycheck is being directly deposited for the first time.

EMPLOYEE SIGNATURE

DATE

PLEASE TAPE A VOICED CHECK TO THE BOTTOM OF THIS FORM.