

DIRECT DEPOSIT AUTHORIZATION

Employee Information:

Name

Address

Account Information:

Bank Name

Bank Routing Number

Bank Account Number

Please indicate type of bank account your pay will deposited into:

- CHECKING ACCOUNT***
- SAVINGS ACCOUNT***

I hereby authorize Triton School Corporation to automatically deposit my payroll check into my bank account listed above. This authorization will remain in effect until I give written notice to cancel it.

Employee Signature

Date