

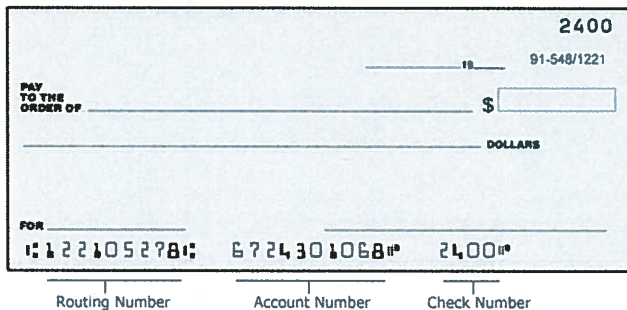


**O'FALLON TOWNSHIP HIGH SCHOOL
DISTRICT No. 203**



DIRECT DEPOSIT ENROLLMENT FORM

Direct Deposit is simple! Complete this form and **attach a voided check** for each checking account. Savings accounts require a letter from the bank stating the Routing Number, as this number may not be reflected on deposit slips.



Employee Information

XXX-XX-	
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Social Security # (Last 4 digits only)

Name (Last, First, Middle Initial)

- First Time Enrollment
 Change Existing
 Add a New Account
 Cancel Direct Deposit

Account # 1 () Checking () Savings

Name of Bank, City, State	Routing/Transit #	Account Number	\$ Amt or "Net Pay

Account # 2 () Checking () Savings

Name of Bank, City, State	Routing/Transit #	Account Number	\$ Amt or "Net Pay

A secure link is sent from payroll@oths.us via email to access your pay statement. **Your pin# has been set to the last four digits of your social security number.** Print or save your statement to a secure location for future access and record keeping.

Email: _____
 OTHS school email addresses will be used unless one is not assigned.

Authorization Agreement for Electronic Funds Deposit

I authorize my employer to initiate deposit entries to my accounts at the financial institutions indicated. In the event that the employer deposits funds erroneously into my account(s), I authorize my employer to recover such funds from my account(s) immediately. This agreement will remain in effect until I give written notice to withdraw from the direct deposit service.

Signature: _____ **Date:** _____