PAYROLL DEPOSIT REQUEST

DATE:_____ SCHOOL:_____
EMPLOYEE:_____SSN:_____
ADDRESS:_____
CHECKING ACCOUNT #:_____
SAVINGS ACCOUNT #:_____

I, _____, request that my monthly payroll check from Bering Strait School District, Unalakleet, Alaska, be directly deposited into my checking or savings account (circle one or the other) #_____ at:

NAME OF BANK: _____
ADDRESS OF BANK: _____
_____

_____ _____ _____ _____
Approved by Date Employee signature Date

PLEASE ATTACH A COPY OF A VOIDED PERSONAL CHECK SO THAT WE MAY OBTAIN YOUR BANK'S ABA NUMBER.