

**Doniphan R-I School District**  
**Payroll Direct Deposit Authorization**

**Legal Name:**  
**(Same as Social**  
**Security Card)**

\_\_\_\_\_

**Phone:**

\_\_\_\_\_

**Social Security #:**

\_\_\_\_\_

**Date of Birth:**

\_\_\_\_\_

**Full Address:**

\_\_\_\_\_

**Type of Account:**

☐

Checking

☐

Savings

**A voided check must be attached or form will be returned for your completion.**  
**All new employees must be set up on direct deposit per handbook policy.**

I authorize the Doniphan R-I School District to direct funds to my account to the bank listed.  
If funds to which I am not entitled to are deposited in my account, I authorize the school to initiate a correcting  
entry. If any of the above information changes, I will promptly complete a new authorization agreement.

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date

**Attach voided check here**