** School District of Holmen**



 **Payroll Direct Deposit**

**You may defer your paycheck in up to 2 separate accounts. All deferrals require dollar amounts only – no percentages. Please attach a form from the financial institution with the routing and account number.**

\*\*\*SAVINGS OR CHECKING DIRECT DEPOSIT DEDUCTION\*\*\*

**Name: (please print**) Click here to enter text. Is this a change? [ ]  YES or [ ]  NO

I authorize the School District of Holmen and the Financial Institution listed below to electronically send necessary debit and credit entries to the account(s) listed below each payday. All changes must be received in writing. Please contact the Payroll Office with any questions.

|  |  |  |
| --- | --- | --- |
| Signature:  |  | Date:Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **1.**Financial Institution:Click here to enter text. |  |  ABA Routing #: Click here to enter text.  |
| Address:Click here to enter text. |  |  Account #:Click here to enter text. |
| Click here to enter text. |  |  [ ] Checking [ ]  Savings |

*COMPLETE THIS SECTION IF YOU WOULD LIKE TO DIRECT A PORTION OF YOUR CHECK TO ANOTHER ACCOUNT OR FINANCIAL INSTITUTION OR IF YOU ARE MAKING CHANGES TO A CURRENT DEDUCTION.*

|  |  |  |
| --- | --- | --- |
| **2.**Financial Institution:Click here to enter text. |  | ABA Routing #:Click here to enter text. |
| Address:Click here to enter text. |  | Account #:Click here to enter text. |
| Click here to enter text. |  |  [ ] Checking [ ]  Savings |
|  |  | Dollar amount $Click here to enter text. |

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Office Use only: Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_