## Ellington Board of Education Employee Direct Deposit Authorization Form

## PLEASE COMPLETE LEGIBLY AND ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR EACH ACCOUNT

I authorize the Ellington Bo	oard of Education, to o	deposit payroll funds into the accou	unt(s) indicated below:
New Direct Deposit	Authorization	Cancel Existing Direct Deposit	Leave as is
Account Type:	Checking	Savings	
Bank Name:			
Routing Number:			
Account Number:			
Direct Deposit Amour	nt (specific dollar amou	nt or Net):	
New Direct Deposit	Authorization	Cancel Existing Direct Deposit	Leave as is
Account Type:	Checking	Savings	
Bank Name:			
Routing Number:			
Account Number:			
Direct Deposit Amour	nt (specific dollar amou	nt or Net):	
New Direct Deposit	Authorization	Cancel Existing Direct Deposit	Leave as is
Account Type:	Checking	Savings	
Bank Name:			
Routing Number:			
Account Number:			
Direct Deposit Amour	nt (specific dollar amou	nt or Net):	
I would like to receive my [	Direct Deposit Vouche	er by email (work or personal email	accepted):
EMAIL ADDRESS:			
I understand that I may cha	ew authorizations req	n(s) at any time, allowing sufficient t puire a pre-notification transmission on is tested.	•
Employee Name (please pr	int):		
Signature:		Date:	