



Sunshine School

Authorization for Direct Deposit

I authorize _____ SUNSHINE SCHOOL _____ to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford financial institution(s) involved a reasonable opportunity to act on it.

Name on bank account: _____

Name of bank: _____

Bank account number: _____ Checking or Saving

Bank routing number: _____

Amount: \$ _____ or entire paycheck

Balance of pay to account described below:

Name on bank account: _____

Name of bank: _____

Bank account number: _____ Checking or Saving

Bank routing number: _____

Important: Please attach a voided check for each bank account to which funds should be deposited. The Employee email address below allows us to send the pay stub and to notify you that the direct deposit has been sent.

Employee name and signature: _____

Employee email address: _____

Date: _____