



DIRECT DEPOSIT FORM

Employee Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Bank Information:

****PLEASE ATTACH A VOIDED CHECK****

1. Bank Name/City/State:

Routing/Transit #: _____ Account Number: _____

___ Checking ___ Savings ___ Other / I wish to deposit: \$ _____ or ___ Entire Net Amount

2. Bank Name/City/State:

Routing/Transit #: _____ Account Number: _____

___ Checking ___ Savings ___ Other / I wish to deposit: \$ _____ or ___ Entire Net Amount

3. Bank Name/City/State:

Routing/Transit #: _____ Account Number: _____

___ Checking ___ Savings ___ Other / I wish to deposit: \$ _____ or ___ Entire Net Amount

Authorization Agreement: I hereby authorize The Congressional Schools of VA to deposit my paycheck directly into the above mentioned account. This authority will remain in effect until I have given written notice that I am terminating this contract, or until The Congressional Schools of VA has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instruction to be executed. If an incorrect deposit should be made into my bank account, I authorize my bank and The Congressional Schools of VA to make the appropriate adjustment(s).

Employee Signature: _____ Date: _____