



SOUTHINGTON PUBLIC SCHOOLS DIRECT DEPOSIT REQUEST

A BLANK VOIDED CHECK MUST ACCOMPANY THIS FORM

NAME: _____

SS# - last 4 digits only

SCHOOL: _____

1ST DIRECT DEPOSIT

BANK NAME: _____

ROUTING # _____

ACCOUNT # _____

CHECKING

SAVINGS

AMOUNT:

2ND DIRECT DEPOSIT

BANK NAME _____

ROUTING # _____

ACCOUNT # _____

CHECKING

SAVINGS

AMOUNT;

NET PAY (Balance of net pay)

BANK NAME: _____

ROUTING # _____

ACCOUNT # _____

CHECKING

SAVINGS

SIGNATURE: _____

DATE: _____

RETURN COMPLETED FORM TO THE PAYROLL DEPARTMENT
NOTE: PROCESSING WILL TAKE ONE COMPLETE PAY CYCLE