

Dover School District

PARTICIPATION IN DIRECT DEPOSIT

NAME (PLEASE PRINT) _____

The undersigned employee of the **Dover School District** hereby elects to participate in the District's Direct Deposit program and authorizes the deduction as follows to an established account at the following depository(ies):

DIRECT DEPOSIT ACCOUNT #1 (DD1) (NEW/CHANGE/CANCEL) EFFECTIVE _____

_____ FULL DEPOSIT _____ PARTIAL DEPOSIT - \$ _____

BANK NAME _____ BANK ABA# _____

CHECKING ___ SAVING ___ BANK ACCOUNT # _____

DIRECT DEPOSIT ACCOUNT #2 (DD2) (NEW/CHANGE/CANCEL) EFFECTIVE _____

_____ FULL DEPOSIT _____ PARTIAL DEPOSIT - \$ _____

BANK NAME _____ BANK ABA# _____

CHECKING ___ SAVING ___ BANK ACCOUNT # _____

DIRECT DEPOSIT ACCOUNT #3 (DD3) (NEW/CHANGE/CANCEL) EFFECTIVE _____

_____ FULL DEPOSIT _____ PARTIAL DEPOSIT - \$ _____

BANK NAME _____ BANK ABA# _____

CHECKING ___ SAVING ___ BANK ACCOUNT # _____

DIRECT DEPOSIT ACCOUNT #4 (DD4) (NEW/CHANGE/CANCEL) EFFECTIVE _____

_____ FULL DEPOSIT _____ PARTIAL DEPOSIT - \$ _____

BANK NAME _____ BANK ABA# _____

CHECKING ___ SAVING ___ BANK ACCOUNT # _____

It is understood that the Company will act as the collection agency only. Note that availability of funds varies; please check with your depository for this information. Holidays may affect the day your funds will post.

SIGNATURE

DATE