

Direct Deposit for Payroll

First Name	Middle	Last Name
I hereby authorize below.	Clover School District to i	nitiate direct deposit entries for payroll to my select account
Checking		Savings
Banking Name:		Routing/ABA Number:
Account Number:		
(Please provide us wi	ith secondary account inform	nation if you would like your deposit split.)
Checking		Savings
Banking Name:		Routing/ABA Number:
Account Number:		Amount to be deposited to secondary account
Please provide us w	vith ONE of the following:	
Please scan in or se	end us a picture of a voide	ed check or a signed letter from the bank with routing and account
numbers. (If you have secondary account.)	two accounts, we will also need a	voided check or a signed letter from the bank with routing and account number for the
Employee signature	-	 Date