



EVANSTON TOWNSHIP HIGH SCHOOL DIRECT DEPOSIT AUTHORIZATION FORM

TYPE OF REQUEST: ☐ NEW ☐ ADD ☐ CHANGE ☐ CANCELLATION

EMPLOYEE INFORMATION: (PLEASE PRINT)

Employee Name _____ Employee Number _____

AUTHORIZATION FOR DIRECT DEPOSIT OF PAY

IMPORTANT NOTICES:

1. Full time employees have the option of having their pay put in two accounts. One account must be selected as net pay.
2. Supporting documentation is required to verify all routing and account numbers. **If checking is chosen a voided check is preferred.** (Supporting documents subject to Business Office approval)

Account Type	Routing Number	Account Number	DEPOSIT OPTION	
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	_____	_____	<input type="checkbox"/> NET PAY	<input type="checkbox"/> SET AMOUNT \$ _____
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	_____	_____	<input type="checkbox"/> NET PAY	<input type="checkbox"/> SET AMOUNT \$ _____

I authorize ETHS to deposit my pay directly into the account(s) indicated above. This authorization is to remain in effect until ETHS has received written notification from me to terminate this agreement, or upon termination of my employment with ETHS. I understand that if I do not notify the Business Office of any changes to my account information that it may result in a cancellation of my direct deposit. Signing this document means I understand and accept that the 'sign up process' may take up to 30 days or two pay periods.

Employee Signature _____ Date: _____

CANCELLATION OF DIRECT DEPOSIT AGREEMENT

This is my authorization for Evanston Township to terminate the direct deposit of my pay, effective with the next pay cycle.

Employee Signature _____ Date: _____

RETURN YOUR COMPLETED FORM TO:
ETHS BUSINESS OFFICE
1600 DODGE AVENUE - RM H108
EVANSTON, IL 60201