New Lexington Schools Direct Deposit Enrollment Form REQUIRED TO ENROLL

This form must be accompanied by a voided check or account verification form from your bank.

Deposit tickets will not be accepted, unless it is a savings account.

Employee Name:		
Financial Institution Name:	-	Account Number:
Type of Account: Checking Amount to be Deposited, if not Full (this can be a percentage or fixed dollars)	:	
Financial Institution Name:	-	
Type of Account: Checking Amount to be Deposited, if not Full (this can be a percentage or fixed dollars)	÷	
Employee Signature		Date:
*You will receive your direct deposi	t notice via email; please co	onfirm your email address:
will be sent to your work email).	(if you are a	n employee of New Lexington Schools, your notice

**This form was received in the Treasurer's Office on _____ and processed on _____