

FORWARD TO SCHOOL DISTRICT

**COLBY SCHOOL DISTRICT
ENROLLMENT FORM**

Employee Name _____

PLEASE ATTACH A COPY OF DEPOSIT SLIP OR CHECK FOREACH BANK ACCOUNT.

BANK 1

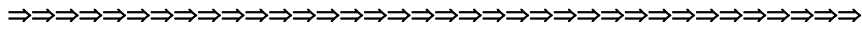
Bank Name _____ Phone # _____

ABA # _____ (transit routing number)

ACCOUNT # _____ Checking Savings

CHECK ONE

WHOLE CHECK SET AMOUNT \$ _____



BANK 2

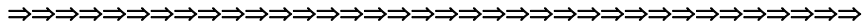
Bank Name _____ Phone # _____

ABA # _____ (transit routing number)

ACCOUNT # _____ Checking Savings

CHECK ONE

WHOLE CHECK SET AMOUNT \$ _____



BANK 3

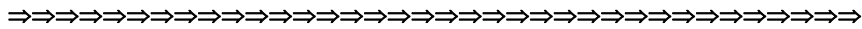
Bank Name _____ Phone # _____

ABA # _____ (transit routing number)

ACCOUNT # _____ Checking Savings

CHECK ONE

WHOLE CHECK SET AMOUNT \$ _____



SEND TO: Sara Uhlig
COLBY DISTRICT EDUCATION CENTER

The school employee (signature below) has requested the School District of Colby to initiate a paperless entry to the account(s) listed above by means of Automated Clearing House (ACH). This paperless payroll entry consists of a credit to the employee's account at the bank and deposit to the account(s) listed.

I, _____ hereby authorize the direct deposit of my payroll from the School District of Colby to the account(s) listed above.

Employee Signature

Date