

**I am requesting Grant Parish School Board to direct deposit my checks to the following bank:**

## EMPLOYEE INFORMATION

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Date to Begin

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Employee ID #

---

Employee Name

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School Location

## BANK INFORMATION

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Bank Name

**Account Type**

Select one account type.

Checking

Savings

---

Bank Routing #

---

Bank Account #

## AUTHORIZATION

---

Employee Signature

---

Date

## REQUIRED ATTACHMENT

**Please attach your deposit slip below to verify your routing and account numbers.**

**Attach deposit slip here**

*Attach a deposit slip that clearly shows the routing and account numbers.*