

Hume R-VIII School District DIRECT DEPOSIT FORM

All blanks need to be completed.

Employee's Name: _____

Mailing Address: _____

Street Address: _____

City, State: _____

Zip Code: _____

Phone Number: _____

Bank Name: _____

Bank Mailing Address: _____

Street Address: _____

City, State: _____

Zip Code: _____

Phone Number: _____

Checking Account Number: _____

Savings Account Number: _____

Routing Number: _____

Amount to go to Checking Account: _____

Amount to go to Savings Account: _____

Attach a copy of a voided check and deposit slip with your bank information on it.