



NORTHSHORE
EDUCATION
CONSORTIUM

Direct Deposit Authorization Form

Name: _____

Address: _____

City, State, Zip: _____

Name of Bank: _____

| 9 - Digit Checking Routing # | Personal Account # | %/F | Amount / Net |
|-------------------------------------|--------------------|-----|--------------|
|-------------------------------------|--------------------|-----|--------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

| 9 - Digit Savings Routing # | Personal Account # | %/F | Amount / Net |
|------------------------------------|--------------------|-----|--------------|
|------------------------------------|--------------------|-----|--------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

The Northshore Education Consortium is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____ Date: _____

Please attach a voided check for each bank account to which funds should be deposited or a Direct Deposit Authorization Form

Please return to Payroll/Human Resources