

**South Bend Community School Corporation
Direct Deposit Authorization Form**



Name: _____
Employee Number (office use only): _____
Address: _____
Phone #: _____
Last 4 SSN: _____
Email: _____

I hereby authorize SBCSC to deposit my pay automatically to the account listed below. Adjusting entries to correct errors are also authorized. This will remain in effect until I have cancelled it in writing.

Banking Information

Primary Bank: _____
Transit/ABA Routing #: _____
Account #: _____
Type: Checking Savings

Please attach a Voided Check to this authorization

**TCU Members Only:
Secondary Account**

Account #: _____
Type: Checking Savings
Dollar Amount: _____ (additional)

Individuals with a Teachers Credit Union account can split into different accounts and/or institutions.

Signature _____

Date _____