



LAKESWOOD EMPLOYEE DIRECT DEPOSIT FORM

| EMPLOYEE NAME | NAME OF BANK OR CREDIT UNION | ROUTING NUMBER | CHECKING OR SAVINGS | ACCOUNT NUMBER | DOLLAR AMOUNT OR NET CHECK |
|---------------|------------------------------|----------------|---------------------|----------------|----------------------------|
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Signature _____
Building/Title _____
Date _____

Please submit this form to the Lakewood Public Schools Payroll Department

Please attach
a voided check
or letter from your
bank confirming
routing and account
numbers.