

GORHAM SCHOOL DEPARTMENT
Business Office
75 South Street, Suite 2, Gorham, Maine 04038
(207)222-1000
FAX (207)839-5003

Hollis S. Cobb
Finance Officer

Heather Perry
Superintendent of Schools

Cathy Stankard
Assistant Superintendent

DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE NAME: _____

I authorize my wages to be directly deposited in the account(s) listed below, until further notice by canceling or changing the deposit information. **I am aware by signing below it will take at least 2 payrolls before it will begin, change, delete, or add a direct deposit.** Check/fill out all that apply below and forward to **Arin Joudrey** @ the Business Office.

___ **New Direct Deposit** ___ **Cancel Direct Deposit** ___ **Change Amount**

BANK NAME: _____ **Routing #:** _____

Savings Account # _____
(Please attach a deposit slip for account verification)

___ Net Earnings **OR** Deposit Amount: _____

Checking Account # _____
(Please attach a voided check)

___ Net Earnings **OR** Deposit Amount: _____

_____/_____
Employee Signature **Date**

**PLEASE REMEMBER TO ATTACH A VOIDED CHECK OR
DEPOSIT SLIP WITH THIS FORM**