



HOGAN PREPARATORY ACADEMY

DIRECT DEPOSIT SIGNUP FORM

SECTION 1:

EMPLOYEE NAME: _____ SOCIAL SECURITY # (LAST FOUR): _____

Check one: New Employee Account change for Current Employee

SECTION 2:

I authorize Hogan Preparatory Academy to deposit my wages/salaries to the following bank accounts

BANK # 1 Bank Name: _____

Routing #: _____ Account #: _____

Checking Savings I wish to deposit: \$ _____ . ____ or Entire Net Amount

****NOTE: THIS PRIMARY ACCOUNT (BANK # 1) WILL ALSO BE USED FOR EMPLOYEE EXPENSES PROCESSED THROUGH THE ACCOUNTS PAYABLE DEPARTMENT.**

BANK # 2 Bank Name: _____

Routing #: _____ Account #: _____

Checking Savings I wish to deposit: \$ _____ . ____ or Entire Net Amount

BANK # 3 Bank Name: _____

Routing #: _____ Account #: _____

Checking Savings I wish to deposit: \$ _____ . ____ or Remainder of check

By signing below, I agree that I am the accountholder of the above named account(s) and authorize Hogan Preparatory Academy to make direct deposits into the named account(s) above.

I have attached copies of voided check(s) or account verification(s) from my bank for the above account(s). Please return completed form to the Business Office.

Employee Signature

Date

EMPLOYER USE ONLY

Date Received: _____

Date Entered: _____

Signature: _____