CHANGE OF DIRECT DEPOSIT AUTHORIZATION
School District of Omaha

I. _____ _____ _____

PLEASE PRINT NAME ***SOC. SEC. NO.*** ***EMPLOYEE NO.***

hereby authorize the School District of Omaha to deposit my payroll earnings in the financial institution indicated below and authorize the financial institution to credit the account listed below.

_____ _____ _____

FINANCIAL INSTITUTION ***CITY*** ***STATE/ZIP CODE***

* _____ Check one: Checking Acct. _____ Check: Active Employee _____

ACCOUNT NO. Savings Acct. _____ Retiree _____

This authority is to remain in full force and effect for the period of my employment or until Compensation & Benefits has received written notification on a Change of Direct Deposit Authorization form at least 10 working days prior to pay date.

_____ _____

SIGNATURE ***DATE***

*You **must** attach a voided check.

Received in Compensation & Benefits