



ADDISON FIRE PROTECTION DISTRICT

Payroll
Direct Deposit

Date: _____

Name: _____

I authorize the Addison Fire Protection District to deposit my wages/salary to the following bank account(s).

Account Type: ___ Checking ___ Savings

Bank Name: _____

I wish to deposit (Check one)

<input type="checkbox"/>	Entire Net Pay
<input type="checkbox"/>	_____ % of Net
<input type="checkbox"/>	\$ _____ Specific Dollar Amount

Please provide a voided check or bank letter. (Deposit slips are not acceptable)

Account Type: ___ Checking ___ Savings

Bank Name: _____

I wish to deposit (Check one)

<input type="checkbox"/>	Entire Net Pay
<input type="checkbox"/>	_____ % of Net
<input type="checkbox"/>	\$ _____ Specific Dollar Amount

Please provide a voided check or bank letter. (Deposit slips are not acceptable)

Account Type: ___ Checking ___ Savings

Bank Name: _____

I wish to deposit (Check one)

<input type="checkbox"/>	Entire Net Pay
<input type="checkbox"/>	_____ % of Net
<input type="checkbox"/>	\$ _____ Specific Dollar Amount

Please provide a voided check or bank letter. (Deposit slips are not acceptable)

Employee Signature