

**EMPLOYEE DIRECT ELECTRONIC FUNDS TRANSFER**

**Application for School District #64 (Gulf Islands)**

**SAVINGS ACCOUNTS ONLY**

Mr.  Mrs.  Ms.  Miss

\_\_\_\_\_  
Employee Name (Please print)

\_\_\_\_\_  
Former Name (Maiden)

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Alternate telephone number

\_\_\_\_\_  
Marital status

**Your pay will be directly deposited to your bank as indicated below.**

\_\_\_\_\_  
Effective date (*day, month, year*)

\_\_\_\_\_  
Signature

**Bank verification. Please have your bank complete the information below.**

Account Number: \_\_\_\_\_

Branch Transit Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date: \_\_\_\_\_