

DIRECT DEPOSIT FORM



Payroll Department

(406) 281-5015 FAX (406) 281-6179

EMPLOYEE'S AUTHORIZATION: I authorize Billings Public Schools and the financial institution(s) Listed below to initiate an electronic transfer to my checking and/or savings account. This authority will remain in effect until I cancel it in writing. I also authorize my financial institution to accept a reversal of any payroll entry made under this agreement if an error has been made.

Employee ID Number

Employee Name (Please Print)

Today's Date

Employee Signature

DIRECT DEPOSIT

Please fill out the following information for the account(s) that deposit(s) are to be made to. If you would like your whole check deposited into one account, fill out **SECTION 1 (Main Account)** only. If you would like a specific dollar amount to go into a second account, and the balance to be deposited in to your main account, please fill out **both SECTION 1 (Main Account) and SECTION 2 (Secondary Account)**.

SECTION 1 (Main Account)

Name of Bank

Bank Account Number

Bank Routing Number
(1st 9 numbers at the bottom left of check)

CHECKING SAVINGS

I understand that my account will go through a "Test" cycle for one pay period and I will receive a paper check. Please select from the following options for your next check:

Please Mail My Check I Will Pick My Check Up Mail to My Home School

SECTION 2 (Secondary Account)

Dollar Amount \$ _____

Name of Bank

Bank Account Number

Bank Routing Number
(1st 9 numbers at the bottom left of check)

CHECKING SAVINGS

STOP DIRECT DEPOSIT

Please STOP my Direct Deposit effective _____
Date

Name of Bank

Bank Account Number

PAYROLL USE – PLEASE LEAVE BLANK