

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

Initial

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
(Lincoln Ctr., Payroll Office 208)Deliver to My Home School
(Available on Payday)**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 PREVIOUS DIRECT DEPOSITPlease **STOP** my Direct Deposit effective _____
Date_____
Name of Bank_____
Bank Account Number**PAYROLL USE – PLEASE LEAVE BLANK**